

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Arkansas Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$177,786.00
8. Award Number:	1U58DP004083-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	We are using our existing provider network to provide mammograms and pap smears with 1218 funds. The billing and payment is handled internally. As of 12-31-12, 339 women have received mammograms and 163 women have received pap smears, along with resulting follow-up procedures, resulting in an expenditure of \$56,851.26 through 12-31-12.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$463,283.00
8. Award Number:	1U58DP004085-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Illinois has assigned caseload for an additional 1,720 women to be screened for breast and cervical cancer. Caseload was assigned to eight Lead Agencies who at the time of the application had over 200 women on Priority Lists waiting to be screened. The PPHF award amount for each of the eight Lead Agencies was determined by multiplying the assigned caseload by the clinical rate set for each agency for the FY13 grant year. The clinical rate is determined by factors that include geographic area, rate of abnormality and other factors related to the cost of providing services.</p> <p>The budget period for the funding was set from September 30, 2012 until September 29, 2013. Each Lead Agency provides nurse navigation to ensure that women enrolled in the program receive timely and appropriate screening, diagnostic, and treatment services. A PPHF award requirement for each Lead Agency is that seventy-five percent of the women screened for mammography will be 50 years of age or above. As of December 31, 2012, 466 women have been screened using PPHF funds. Seventy-one percent of those women were 50 years of age or above.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ASIAN HUMAN SERVICES
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$54,000.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 200 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	CHICAGO FAMILY HEALTH CENTER
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$36,250.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 145 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MERCY HOSPITAL AND MEDICAL CENTER
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$168,883.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 615 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MICHAEL REESE RESEARCH AND EDUCATION FOUNDATION
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$39,150.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 145 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MONTGOMERY COUNTY HEALTH DEPARTMENT
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$54,000.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 200 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	SAINTS MARY & ELIZABETH MEDICAL CENTER
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$39,875.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 145 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ST. CLAIR COUNTY HEALTH DEPARTMENT
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$39,875.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 145 additional caseload for screening new program participants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	WINNEBAGO COUNTY HEALTH DEPARTMENT
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004085-01
4. PPHF Funding Amount:	\$31,250.00
5. Subaward Purpose:	Clinical funds awarded to Illinois Breast and Cervical Cancer Program lead agency to support 125 additional caseload for screening new program participants.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Indiana State Board of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$139,724.00
8. Award Number:	1U58DP004086-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Indiana Breast and Cervical Cancer Program (IN-BCCP) is utilizing funds from the Prevention and Public Health Fund (PPHF), to leverage the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to provide and support high quality breast and cervical cancer screening through the provision of appropriate screening and diagnostic tests, follow-up of abnormal results and referral of women with cancer to treatment. The IN-BCCP will screen additional women with PPHF who meet NBCCEDP eligibility guidelines as outlined DP12-1205.</p> <p>The IN-BCCP is targeting women in rural Indiana as well as women of color in both rural and urban areas, who are rarely or never screened for breast and cervical cancer, between the ages of 40-64, who have no creditable insurance and are at or below 200% of the Federal Poverty Level (FPL) as the population to be served by the PPHF funds. The IN-BCCP plans to screen 900 women with PPHF funds, 450 women will receive breast screenings, and 450 will receive cervical screenings.</p> <p>The following PPHF activities have been completed upon beginning our project period on September 30, 2012 through December 31, 2012:</p> <ul style="list-style-type: none"> • The IN-BCCP developed a tracking mechanism differentiating PPHF from existing DP12-1205 funds. The tracking mechanism developed assigns a unique identifier to the women paid with PPHF funds to monitor and track women served. The Indiana State Department of Health Finance Division also created a separate ledger section to track payment from PPHF funds. • The IN-BCCP utilized the existing six regional coordinators to conduct public education and targeted outreach to identify women eligible for screening services. In addition, the IN-BCCP has continued to work closely with the Indiana Cancer Consortium and Cancer Control Section Health Education and Communications Director to implement public awareness and educational activities to promote breast and cervical cancer screening, targeting priority populations. For example, a press release was done in October to promote Breast Cancer Awareness month and IN-BCCP. • In mid October, the six IN-BCCP regional coordinators received an assigned number of screenings based on the estimated number of women to be screened with PPHF. The IN-BCCP will begin tracking women served through PPHF beginning early January 2013 when regional coordinators begin submitting enrollment paperwork for screening services and claims.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$314,115.00
8. Award Number:	1U58DP004087-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Through December 31, 2012, the Maryland Breast and Cervical Cancer Early Detection Program (MBCCEDP) awarded Prevention and Public Health funds (PPHF) to 19 local health departments (LHDs) to screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems. All awardees received training and technical assistance on the new funding and its requirements. A system to track, monitor and report expenditures of the PPHF funds separately from the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) DP12-1205 grant award was implemented. MBCCEDP also received the requisite approval to award funding, effective January 1, 2013, to two additional jurisdictions whose screening programs are operated by private contractors.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Allegany County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$5,975.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Anne Arundel County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$4,561.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Baltimore County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$31,109.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Caroline County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$5,008.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Carroll County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$7,477.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cecil County Health Department
2. Subaward Date:	11/15/2012

3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$8,035.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

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1. Subaward Recipient Name:	Charles County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$12,842.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

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1. Subaward Recipient Name:	Dorchester County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$5,077.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Garrett County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$4,804.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

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1. Subaward Recipient Name:	Harford County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$4,276.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

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1. Subaward Recipient Name:	Kent County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$5,424.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Montgomery County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$32,690.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Prince George's County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$13,482.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Queen Anne's County Health Department
2. Subaward Date:	11/15/2012

3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$3,460.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	St. Mary's County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$3,776.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Somerset County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$6,020.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Washington County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$7,312.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wicomico County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$11,100.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Worcester County Health Department
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004087-01
4. PPHF Funding Amount:	\$5,991.00
5. Subaward Purpose:	To screen additional MBCCEDP-eligible women ages 40-64 in Maryland for breast and cervical cancer through leveraging the existing infrastructure and screening systems and according to CDC and MBCCEDP clinical guidelines and program requirements.

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$607,352.00
8. Award Number:	1U58DP004088-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Michigan Breast and Cervical Cancer Control Program (BCCCP) is a statewide, decentralized program located at the Michigan Department of Community Health (MDCH). The program currently enrolls more than 30,000 women yearly. Care for these women is coordinated through 21 local coordinating agencies (LCA) throughout the state (20 health departments and Karmanos Cancer Institute [KCI] in Detroit). Those agencies subcontract with more than 700 health care providers throughout Michigan who provide screening and diagnostic services to program clients. The DP12-1218PPHF award allows the BCCCP to increase the total number of women served by 1,938 to 32,634 women in FY13.</p> <p>Local coordinating agency contracts listed below were created to increase available caseload to each participating agency. These agencies have provided direct services or subcontracted with local providers to provide breast and cervical cancer screening, diagnostic services and referral to the Medicaid Treatment Program as needed to 1,938 women during this grant period. These women have received the same services as those women served by the BCCCP program funded by DP12-1205, including patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wayne State University - Karmanos Cancer Institute
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$32,506.12
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ingham County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$60,352.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Kent County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$25,705.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Kalamazoo County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$21,340.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Muskegon County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$4,365.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	District Health Department No. 10
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$8,245.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Health Department of Northwest Michigan
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$3,880.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Huron County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$1,455.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lenawee County Health Department
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004088-01
4. PPHF Funding Amount:	\$194.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	New Hampshire Department of Health and Human Services, Division of Public Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$102,732.00
8. Award Number:	1U58DP004089-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Tennessee State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$162,491.00
8. Award Number:	1U58DP004091-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	The Tennessee Breast and Cervical Screening Program (TBCSP) is a fee for service state, therefore no sub-recipient awards were developed. Funds are being used to cover the screening and diagnostic services for eligible women who have not received services for TBCSP in previous years. The general eligibility requirements are that women must be between the ages of 40 and 64, below 250%FPL and uninsured or underinsured. Women are enrolled and provided with basic screening (CBE and Pap tests) at the 95 county health departments and referred to area providers for mammograms and other needed diagnostic tests. Only approved CPT codes are reimbursed at 100 percent of the state Medicare rate. Women diagnosed with either of these cancers that require treatment are enrolled in the state medicaid program for treatment services. A total of 1,540 unduplicated first time women were screened for either breast, cervical or both preventive screening services. Twenty women were diagnosed with breast cancer - 11 of whom had invasive breast cancer. For cervical cancer, 49 women received a diagnosis of CIN II or greater with 3 invasive cervical cancers diagnosed. A total of \$80,018.28 was spent on these screening and diagnostic services.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Rhode Island State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$107,906.00
8. Award Number:	1U58DP004092-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Rhode Island (RI) utilized 100% of funds received through DP12-218PPHF 2012 by 12/31/12 to cover the cost of direct services for screening 600 additional clients, including follow-up services for women found to be abnormal as a result of the screening services provided. The WCSP leveraged the existing state-wide WCSP screening system infrastructure and established Fee-for-Service provider contracts, with approved funding under DP12-1205, to provide services. The organized system of care and WCSP state-wide infrastructure allowed for the capacity to screen 600 additional women. State-wide Providers included all FOHCs, Hospital Outpatient Clinics, Private Primary Care Physicians and OB/GYN Physicians. WCSP was able to leverage and build upon the following:</p> <ul style="list-style-type: none"> • The WCSP workplan submitted through DP12-1205 served as the workplan for DP 12-1218 focusing on increasing breast and cervical cancer screening rates and eliminating disparities in screening at the population level. • The existing fiscal management system to track, monitor and report program expenditures separately for PPHFs. • The existing data management systems to assure women with abnormal screening results receive appropriate and timely follow-up and referral to treatment through RI Medicaid, as needed.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	South Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$63,606.00
8. Award Number:	1U58DP004093-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	These dollars will be used during January 1, 2013 to June 30, 2013. As a result there is nothing to report during this first six month project period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$216,074.00
8. Award Number:	1U58DP004094-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	The SC-BCCEDP is providing breast and cervical cancer screenings and diagnostic follow-up with the PPHF funds. Screening services include clinical breast exams, mammograms, and Pap smears if eligible per the USPSTF guidelines. Diagnostic services include diagnostic mammograms, ultrasounds, breast and cervical biopsies, cyst aspiration, surgeon visits and follow-up visits. To date SC-BCCEDP has screened an additional 110 women with the PPHF funds. Contracted providers submit CMS 1500 and/or UB92 claims and clinical billing forms to the SC-BCCEDP program. Services are reviewed and then payment is rendered through the Department of Health and Environmental Control.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Kansas State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$157,108.00
8. Award Number:	1U58DP004096-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Kansas Department of Health and Environment (KDHE) used DP12-1218 funding to increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program.</p> <p>No DP12-1218 funds have been spent on screening services to date. To ensure the most efficient use of monies from all funding sources, KS BC closely monitored expenditures and will spend down DP12-1218 funds in a 4-6 week period in the summer of 2013. Program data from October–December 2012 indicated that enrollments were on target to fulfill the DP12-1218 screening goal of 700 additional women, with an average enrollment of 734 women per month.</p> <p>To prepare for use of DP12-1218 funds, KDHE established a distinct fund number enabling the program to track DP12-1218 funds separately from other CDC and foundation funding sources. KS BC has ordered the necessary Intake and Visit Summary and diagnostic forms from the state printer for use with women receiving services paid by DP12-1218. KS BC determined that enrollment processes and screening services for DP12-1218 women will be the same as for DP12-1205, using the same contracted providers. Four strategically placed KS BC Regional Nurses worked with KS BC contracted providers to assure that all enrolled women, regardless of funding source, received appropriate and timely follow-up for abnormal test results as recommended by CDC guidelines. In the October 2012 and past MDE feedback reports, KS BC met the CDC Core Indicator related to timely follow-up, due in large part to multiple form reviews by nurses which began at the clinic level.</p> <p>During the KS BC enrollment process tobacco use status was assessed and the Tobacco Quitline toll free telephone number was offered and provided. These data were captured in the KS BC enrollment database. All KDHE provider contracts included a requirement for providers to assess tobacco use status at the clinic level.</p> <p>MDE indicators of short-and long-term success were submitted in October to CDC. Design of the programs' new integrated data system continued and MDE data will be submitted to CDC via the new system by the October 2013 submission. MDE feedback was used for program improvements and mid-course corrections. KS BC will participate in case studies, cost studies, policy audits, targeted surveillance and other evaluations as requested by the CDC.</p> <p>There were no sub awards during the reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Kentucky State Cabinet of Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$209,948.00
8. Award Number:	1U58DP004097-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Public Prevention Health Funds (PPHF) grant goals included screening for 534 unduplicated women utilizing \$209,948.00 by the end of September, 2013. The Kentucky Women's Cancer Screening Program (KWCSP) recruited 559 women throughout the Commonwealth of Kentucky during December, 2012. These women were provided cancer screening services, including clinical breast exams, pap smears and referrals made for mammograms and diagnostic services. The PPHF grant was utilized to reimburse for 461 of these women during December, 2012. These services were provided through the 120 local health departments and their contracted providers. The women screened through the PPHF grant were between the ages of 40-64, with no Medicare, Medicaid, third party payor or private health insurance and at or below 250% of the annual federal poverty guidelines. Of this total amount an estimated \$115,000.00 (54%) was expended to reimburse for these services. The remaining \$94,948.00 will be expended during the months of January, February and March, 2013 as these patients go for further follow-up services and more KWCSP patients are recruited. Minimum Data Elements (MDEs) were collected on 461 women and were documented in the MDE file. The KWCSP created a new sub-function code "SBB3" within the 813 cost center to track the PPHF-2012 grant allocations and expenditures. The Data Manager has identified the above referred 461 women screened by LHDs which will receive reimbursement for their services using the PPHF grant. The Data Manager is in the process of sharing this information with the Division of Administration and Finance Management (DAFM) to assure payments to the local health departments. The Program Director continues to monitor PPHF grant expenditures and goals.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Louisiana State University Health Sciences Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$179,126.00
8. Award Number:	1U58DP004098-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Provide breast and cervical cancer screening to uninsured, low income women.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Woman's Hospital
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004098-01
4. PPHF Funding Amount:	\$107,114.00
5. Subaward Purpose:	To provide breast and cervical cancer screenings and case management services in accordance with all CDC and the Louisiana Breast and Cervical Health Program guidelines.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Thomas Community Health Center
2. Subaward Date:	12/13/2012
3. Subaward Number:	1U58DP004098-01
4. PPHF Funding Amount:	\$60,162.00
5. Subaward Purpose:	To provide breast and cervical cancer screenings and case management services in accordance with all CDC and the Louisiana Breast and Cervical Health Program guidelines

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Alabama State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$212,174.00
8. Award Number:	1U58DP004104-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>In Alabama, PPHF funds will be managed and monitored by the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). These funds will help the ABCCEDP screen additional women age 40-64 who have no insurance, are underinsured and have an income at or below 200% of the poverty level in the state of Alabama. It is estimated that with these funds, 1,620 additional women will be screened for breast and cervical cancer. Of the 1,620 women, it is estimated 1,000 women will receive cervical cancer screenings and 850 women will receive breast cancer screenings. Funding is being used to expand breast and cervical cancer screenings services to previously unserved women statewide as well as women who live in the Deep South Network Counties; an area of the state with a high incidence of late stage cancer and reduced access. Deep South Network counties include Bullock, Chambers, Choctaw, Dallas, Fayette, Green, Hale, Jefferson, Lowndes, Macon, Madison, Marengo, Perry, Russell, Sumter, Wilcox and Winston. Promotion for services is carried out through Deep South Network community health advisors and increased marketing in targeted counties.</p> <p>Cervical cancer screenings will be expanded to include women 30-39 years of age who have had a tubal ligation; this group of women is not eligible for family planning services through county health departments.</p> <p>Breast Cancer Screening services include, but are not limited to a clinical breast exam, mammogram, additional mammographic views, ultrasound and biopsy. Cervical cancer screening services include, but are not limited to a pelvic exam, Pap smear, HPV test and colposcopy. These services are provided by ABCCEDP's contracted providers and county health departments. ABCCEDP reimburses the providers at Medicare rates with CDC approved CPT codes.</p> <p>A new fund code was set up in the ADPH finance system to pay for the services with PPHF funds. This enables ADPH to track dollars spent from the fund. In addition, the Med-IT data system is able to capture services that were paid with PPHF funds. ABCCEDP started enrolling women for PPHF funded services November 01, 2012. To date, over 381 women have been enrolled for breast and cervical cancer services. Of these, 219 women were enrolled for breast cancer screenings and approximately 234 women were enrolled for cervical cancer screenings. To date, approximately \$1,100 have been spent on services. Please note there is a 60-90 day delay from date of service to payment.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$83,285.00
8. Award Number:	1U58DP004105-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	For the reporting period of July 1, 2012 through December 31, 2012 the Connecticut Department of Public Health, was working through internal contract amendment processes and approvals that resulted in recently executed amended contracts that included the PPHF funds. This contract became effective January 7, 2013, due to this delay, the Breast and Cervical Cancer Early Detection Program has not expended any of the PPHF funding.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$572,357.00
8. Award Number:	1U58DP004106-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	[The New York State Department of Health/Health Research Inc. received PPHF support to increase the number of eligible women screened for breast and cervical cancer through the Cancer Services Program (CSP). The funds were distributed to a select group of 14 high performing CSP contractors currently serving the CSP's eligible population of uninsured and underinsured women ages 40 to 64 who are at or below 250% of poverty. The funds have been used to reimburse for breast and cervical cancer screening and diagnostic services provided through these contractors, adding to the existing federal and state funds allocated for reimbursement of clinical services. The PPHF award of \$572,357 was distributed and expended during the reporting period ending on December 31, 2012. A total of \$434,823 was distributed as subawards to 12 CSP contractors to be applied to their existing clinical services contracts for the period of 9/30/12 through 12/31/12. The remaining \$137,534 was used to reimburse health care providers associated with two CSP regions under contract with the American Cancer Society in the New York City area (Manhattan and the Bronx).]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Peter's Hospital, Albany County
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$15,675.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Peter's Hospital, Rensselaer County
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$12,332.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Western New York Public Health Alliance, Inc
2. Subaward Date:	10/2/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$10,934.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	YWCA of Orange County
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$30,704.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Suffolk Hospital dba Peconic Bay Medical Center
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$56,101.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. James Mercy Hospital
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$8,229.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Mary's Hospital of Amsterdam (Fulton/Montgomery)
2. Subaward Date:	10/18/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$12,474.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Erie County Department of Health
2. Subaward Date:	10/22/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$45,852.00
5. Subaward Purpose:	[This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Glens Falls Hospital
2. Subaward Date:	10/2/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$24,816.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Nassau Healthcare Corporation
2. Subaward Date:	11/2/2012

3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$69,180.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The Trustees of Columbia University in the City of New York
2. Subaward Date:	11/29/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$114,495.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	American Cancer Society (Manhattan)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$102,240.00
5. Subaward Purpose:	This sub-grant was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract with the American Cancer Society for implementing the CSP in New York City.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	American Cancer Society (Bronx)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$35,294.00
5. Subaward Purpose:	This sub-grant was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract with the American Cancer Society for implementing the CSP in New York City.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Rochester (Monroe)
2. Subaward Date:	11/28/2012
3. Subaward Number:	1U58DP004106-01
4. PPHF Funding Amount:	\$34,030.00
5. Subaward Purpose:	This subaward was used to support the reimbursement of breast and cervical cancer screening and diagnostic services provided to uninsured and underinsured age-eligible women who are at or below 250% of poverty. Please note that the date included under #2 above (Subaward Date) represents the execution date for the underlying contract that was amended with the subaward funds.]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	West Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$234,023.00
8. Award Number:	1U58DP004107-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) will use Prevention and Public Health Funds to increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services for an additional 1,000 low income, uninsured and underinsured women. The Program will be able to provide the same high quality services to this additional population of women as it provides for the women served through the well-established existing WVBCCSP infrastructure and organized screening system. The WVBCCSP has conducted the following activities to date:</p> <ul style="list-style-type: none"> • WVBCCSP Epidemiologist surveyed all contracted screening providers to determine capacity to screen additional women if funds were available. Of the 89 providers responding, 87% answered yes. • Conducted planning meeting to establish fiscal tracking process for 1,000 women screened and followed with PPHF funds. • Implemented data entry and fiscal tracking system for services reimbursed with PPHF funds. • Developed/distributed one-page educational flyer for outreach efforts for 1,000 new enrollees. • Initiated recruitment activities via flyer distribution in key locations throughout most populated county in state, as well as one-on-one outreach to individual women eligible for WVBCCSP services. • Updated data base to capture new enrollee-specific information.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Pennsylvania State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$198,835.00
8. Award Number:	1U58DP004108-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funds are an expansion of the funds received through the National Breast & Cervical Cancer Early Detection Program (NBCCEDP) grant, specifically known as the HealthyWoman Program (HWP) in Pennsylvania. All women served with the additional PPHF funds will receive the same high quality breast and cervical cancer screening services with current clinical guidelines for screening, follow-up, and referral to treatment as the women currently screened using the NBCCEDP funds. Services are provided to women that are low income (<=250% of FPIG), uninsured/underinsured, aged 40-64, and who live in Pennsylvania.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Alliance of Pennsylvania Councils, Inc
2. Subaward Date:	12/07/2012
3. Subaward Number:	1U58DP004108-01
4. PPHF Funding Amount:	\$198,835.00
5. Subaward Purpose:	During this reporting period, the PPHF Funding Amount above was obligated to the direct screening grantee, The Alliance of Pennsylvania Councils, Inc, on December 7, 2012. However none of the funds have been used and no services have been provided from the PPHF funds during this reporting period. It is anticipated that the PPHF funds will be used and services will start to be provided during the 1/1/13-6/30/13 reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Oregon Public Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$155,429.00
8. Award Number:	1U58DP004110-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Oregon Breast and Cervical Cancer Program (BCCP) appreciates the opportunity to report on the program's activities to date (9/30/2012 – 12/31/2012) through CDC-RFA-DP12-1218PPHF12 (PPHF). During the reporting period, BCCP utilized Prevention and Public Health Fund PPHF funding to augment existing program services by providing high quality screening and diagnostic services to more medically underserved women of Oregon. Services are offered in conjunction with existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program funding through DP12-1205.</p> <p>BCCP is on track to achieve its goal of leveraging PPHF funds to provide screening services to over 400 additional NBCCEDP eligible women in this fiscal year. At the end of the reporting period, the program utilized approximately \$87,993 of its PPHF funds, representing 56% of the total PPHF grant amount of \$155,429. Of the women served during the reporting period, 75% were aged 50-64.</p> <p>BCCP maintains an extensive network of private and public providers within its existing health care delivery system, including local health departments, Federally Qualified Health Centers, Rural Health Clinics, Community Health Centers, hospitals, private practice physicians, imaging centers and laboratories. PPHF funding has enabled BCCP to leverage this provider network to provide an increased number of eligible women with screening, diagnostic, follow-up and treatment referral services.</p> <p>BCCP continues to emphasize reaching those experiencing health disparities within the following population subgroups: geographically or culturally isolated; medically under-served; racial, ethnic, and/or cultural minorities including African Americans, Hispanics, Alaska Natives, American Indians, Asian Americans and Pacific Islanders. This goal is pursued by maintaining providers that reach our priority populations and by fostering relationships with organizations that directly serve priority populations.</p> <p>During the reporting period, BCCP continued to utilize its web-based data and billing system to track all program data and direct services expenditures. BCCP uses this fiscal management system to track all direct service fiscal activity and generate reports for each individual fund source. BCCP utilizes existing financial reports and procedures to ensure that funds awarded under this PPHF cooperative agreement are tracked separately from other fund sources, including DP12-1205 awarded funds, and that the PPHF funds are used solely for allowable client services and administrative expenses.</p> <p>BCCP looks forward to utilizing PPHF support to expand the provision of quality screening and diagnostic services.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$93,117.00
8. Award Number:	1U58DP004111-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding increased the number of women screened for breast and cervical cancer by providing high-quality screening with tracking and follow-up including patient navigation support services to low-income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program. Special emphasis was placed on reaching low-income women, rural and frontier populations, inner city low-income communities and those experiencing health disparities within the following population sub-groups: the uninsured or under-insured, geographically or culturally isolated, medically under-served, racial, ethnic and or cultural minorities including African Americans, Hispanics, American Indians, lesbian women, and women with disabilities. Women's Way is a readily recognized program throughout North Dakota due to having provided breast and cervical cancer screening and diagnostic services to eligible women since September 1997. The PPHF funding will make it possible for the program to leverage the existing organized screening program to reach and screen 300 more women who do not have the means to obtain these services otherwise.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bismarck Burleigh Public Health (BBPH)
2. Subaward Date:	12/05/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$4,054.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Wells, Kidder, Emmons and Burleigh. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Valley Health District (CVHD)
2. Subaward Date:	11/26/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$2,910.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Foster, LaMoure, Logan, McIntosh and Stutsman. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Custer Health
2. Subaward Date:	12/07/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$6,342.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Grant, Mercer, Oliver, Sioux and Morton. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fargo Cass Public Health (FCPH)
2. Subaward Date:	12/13/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$6,690.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Steele, Traill, Barnes and Cass. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	First District Health Unit (FDHU)
2. Subaward Date:	11/26/2012

3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$3,606.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Grand Forks Public Health Department (GFPD)
2. Subaward Date:	12/05/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$3,606.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Cavalier, Griggs, Nelson, Pembina, Walsh and Grand Forks. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lake Region District Health Unit (LRDHU)
2. Subaward Date:	11/26/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$2,288.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Benson, Eddy, Pierce, Rolette, Towner and Ramsey. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Richland County Health Department (RCHD)
2. Subaward Date:	12/05/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$2,114.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Sargent, Dickey, Ransom and Richland. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Southwestern District Health Unit (SWDHU)
2. Subaward Date:	11/26/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$2,114.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's service area which includes the counties of: Adams, Billings, Golden Valley, Bowman, Slope, Dunn and Stark. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lila M. Wells
2. Subaward Date:	12/07/2012
3. Subaward Number:	1U58DP004111-01
4. PPHF Funding Amount:	\$970.00
5. Subaward Purpose:	Administered and managed the Women's Way special recruitment-to-screening project within the sub-recipient's community and surrounding area with a special emphasis at Fort Berthold Indian Reservation. Worked to recruit and screen program-eligible women especially Women's Way eligible low income, medically underserved priority population women including those defined as never and rarely screened. Provided newly enrolled women with onsite patient navigation services including access care, such as transportation, translation, assisting client to find her way through complex healthcare systems or facilities, guidance to obtain adequate health care services such as mammograms and Pap tests and assist in making appointments.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$228,557.00
8. Award Number:	1U58DP004112-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program. The New Mexico Breast and Cervical Cancer Early Detection Program has initiated amendments to six previously executed provider agreements allocating the full PPHF award of \$228,557 for the sub-award recipients approved in the notice of grant award. These amendments will support the expanded provision of direct clinical care for eligible women, including breast and cervical cancer screening, diagnostic, evaluation and referral services. As of the date of this report, none of the agreement amendments have become fully executed.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$163,924.00
8. Award Number:	1U58DP004113-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Mississippi Breast and Cervical Cancer Program (BCCP) was awarded \$163,924.00 via the 2012 Prevention and Public Health Funds (PPHF-2012). Of this amount, \$158,924 will be used for screening; \$3,000 for contractual; and \$2,000 for supplies. The Mississippi State Department of Health's (MSDH) accounting staff budgeted the award, and funds were available for use December 2012. The BCCP reimburses providers on a fee for service basis; therefore a method was implemented to link the women screened with the PPHF-2012 funds. A category was created in CaST titled PPHF which would achieve four things: 1) allow data staff to designate women to be screened with PPHF funds; 2) allow billing staff to correctly code reimbursements to utilize these funds; 3) allow the data manager to extract the actual number of women screened using these funds for each reporting period; and 4) allow the billing manager to calculate the total amount encumbered and expended for each reporting period. Funds ascertained allowed the BCCP staff to offer services to medically underserved women; which included enrollment, initial office visit (including clinical breast exam, pelvic and Pap exams) and screening mammogram (for women aged 50+). Also, PPHF-2012 funds will be utilized for diagnostic services, i.e. diagnostic mammograms, ultrasounds and/or biopsies. Effective December 12, 2012, BCCP staff began entering data on patients screened with PPHF 2012 funds. During this reporting period, a total of 299 women were screened with PPHF-2012 funds; all of which received CBEs and pelvic exams. Of these 299 women, the following screenings were also performed: 95 Pap exams; 137 screening mammograms; eight diagnostic mammograms; 14 ultrasounds; one surgical consult; and three biopsies. As the BCCP reimburses providers on a fee for service basis, medical reports must be received before reimbursements can be made. As such, the BCCP staff is currently receiving medical reports/claims for procedures identified as PPHF-2012 funded. To date, \$188.11 has been encumbered for screenings during this reporting period. There have been no funds encumbered or expended in the other two categories (contractual and supplies) during this reporting period. It is anticipated that the second reporting period will see an increase in women screened as well as a marked increase in funds encumbered/expended.</p>

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program	Breast and Cervical Cancer Screening
3. Award Title	Opportunities for States, Tribes, and Territories
4. Recipient Name	Missouri State Department of Health and Senior Services
5. Reporting period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation	2012
7. PPHF Funding Amount	\$202,965.00
8. Award Number	1U58DP004115-01
9. Mechanism/Procurement Type	Cooperative Agreement
10. CFDA Number	93.744
11. Summary of Activities	The Missouri Department of Health and Senior Services' Show Me Healthy Women program received supplemental funding of \$202,965.00 from the Centers for Disease Control and Prevention, Public Health Prevention Fund, to provide additional client breast and cervical cancer screening Services for the period of 09/30/2012 through September 29, 2013. The Show Me Healthy Women program has provided screenings for 569 unique women, with the Public Health Prevention Fund, as of December 27, 2012. Approximately 71 percent of the funds expended through December 27, 2012 (\$60,045.55 of \$84,553.09) have reimbursed Show Me Healthy Women providers for screening mammograms and associated office visits. It is likely that additional eligible Services have been provided but not yet submitted for reimbursement, due to the holidays. The Public Health Prevention Fund contributed to the diagnosis of breast cancer for 9 Show Me Healthy Women clients in this reporting period. The balance of funds expended reimbursed providers for diagnostic procedures, mainly diagnostic mammograms and biopsies. Several Show Me Healthy Women providers have requested additional funds, due to increasing numbers of eligible women applying for program Services. We therefore anticipate full expenditure of the remaining \$118,411.91 by August 30, 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Montana State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U58DP004116-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Montana Medical Billing
2. Subaward Date:	12/03/2012
3. Subaward Number:	1U58DP004116-01
4. PPHF Funding Amount:	\$95,557.00
5. Subaward Purpose:	Provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Nebraska State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$195,125.00
8. Award Number:	1U58DP004117-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Description: Clinical, Laboratory, Radiology and other related Breast & Cervical Cancer Screening Services. Contractors agree to accept EWM Fee Schedule as Payment in Full for services provided; submit required reports and provide timely follow-up to clients with abnormal findings. Provide patient navigation of women screened through program to ensure completion of all screening services, follow up and appropriate diagnosis and referral to treatment resources.</p> <p>Activities completed to date: Contracts signed with two FQHCs and four Local Health Districts. Initial technical assistance conferences completed with each of the Community Health Hub partners. Data base modifications in process to monitor track and reimburse for screens eligible for PPHFs.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Charles Drew Health Center
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004117-01
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	No funds expended in this time period. Contract negotiations complete. Timeline and training schedule set.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Action Program of Western NE
2. Subaward Date:	11/15/2012
3. Subaward Number:	1U58DP004117-01
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	No funds expended in this time period. Contract negotiations complete. Timeline and training schedule set.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Nevada State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$163,179.00
8. Award Number:	1U58DP004118-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Since receiveing this award, the program has obtained approval by the Interim Finance Committee in order to begin spending grant funds. The program identified existing qualified providers which are able to serve the target population of underserved women living in urban Las Vegas and mechanisms are in place to separately track expenditures associated to these screenings. The Nevada State Health Division contracted with Access to Healthcare Network in 2010 to fully administer the existing B & C program and AHN will therefore also be responsible for administering these screenings as well. Service delivery will begin in March 2013 with screening completed well before the ending period of the grant of September 29, 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	New Jersey State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$218,368.00
8. Award Number:	1U58DP004119-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will be used to increase the number of new women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured or under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Prevention and Early Detection Program (NBCCEDP). In preparation to begin screening in January 2013, the following activities have occurred: 1. A survey to determine capacity for additional screenings was conducted among current providers; 2. Determination of providers to receive additional funds made based on survey results; 3. Completed internal fiscal procedural processes required to encumber and distribute funds; 4. Conducted planning call with selected providers to discuss requirements and deliverables related to additional funding; 5. Developed tracking system to differentiate funding source for women screened with these funds; 6. Currently in process of finalizing provider agreement and budget amendments which should be completed by January 15, 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Delaware State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$72,662.00
8. Award Number:	1U58DP004120-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	The Delaware Screening for Life program already has providers in place. The PPHF monies have been loaded into our fiscal system and are ready to be used. Due to an upgrade to our state fiscal system and a subsequent 4 week system shut down, our invoicing to pay providers is significantly behind. We are just now entering screening invoices into the system for this program. We do not foresee any issues with spending out the PPHF screening dollars.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$308,055.00
8. Award Number:	1U58DP004121-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Between 9/30/2012 and 12/31/2012, Minnesota's Sage Program spent \$132,318.35 for screening costs, \$552.97 on follow-up tests, and \$161.27 on administrative salaries, for a total of \$133,032.59. We screened 757 unique women and provided 1,239 medical procedures. This included 409 office visits, 561 mammogram procedures, 144 cervical procedures, 125 diagnostic services including biopsies. We used other funds to provide patient navigation and analysis but will charge more of that out in the next accounting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	North Carolina State Department of Health & Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$254,354.00
8. Award Number:	1U58DP004122-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	NC provided education to local health departments to determine which agencies might add more screenings targets. Distribution of funds have been decided and fiscal arrangements are in process. We have determined a method to track these funds separate from other BCCCP funds. Funds are anticipated to be distributed in February 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$156,835.00
8. Award Number:	1U58DP004123-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program. Activities performed to achieve this goal consist of (1) Providing direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment, and (2) providing patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Contracts with five new clinics and contract amendments for two local health departments are almost complete. Screening in the seven clinics will begin in January.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Arizona State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$231,775.00
8. Award Number:	1U58DP004125-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. To date we have implemented provider contracts to expand capacity to screen underserved women. Contractors have provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractors have also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Contractors will provide at least one screening event focused on Native Americans. All contractors have been educated about the appropriate use of the PPHF funding and the reporting requirements. All subrecipient awards are in place. The CaST system has been prepared to collect PPHF data.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chiricahua Community Health Center
2. Subaward Date:	10/23/12
3. Subaward Number:	ADHS12-010966- PO E0075487
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maricopa County Health Department
2. Subaward Date:	11/13/12
3. Subaward Number:	ADHS13-029502-PO E0078585
4. PPHF Funding Amount:	\$53,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Maricopa County will work with Phoenix Indian Medical Center to provide at least one Native American focused screening event.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mariposa Community Health Center
2. Subaward Date:	11/08/12
3. Subaward Number:	ADHS12-010994 - PO E0078181
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Country Health Care
2. Subaward Date:	10/23/12
3. Subaward Number:	ADHS12-010992 - PO E0H65035
4. PPHF Funding Amount:	\$32,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. North Country Health Care will work with the Hopi Tribe and Navajo Nation's breast and cervical cancer screening programs to create special events focused on increasing Native American breast and cervical cancer screening rates.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pima County Health Department
2. Subaward Date:	11/16/12
3. Subaward Number:	ADHS13-009607 - PO E0A78975

4. PPHF Funding Amount:	\$51,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Pinal County Health Department
2. Subaward Date:	10/05/12
3. Subaward Number:	ADHS13-027694 - PO E0072853
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	Contractors have provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractors have also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Pima County will work with the Tohono O'odham Nation to provide at least one Native American breast and cervical cancer screening event.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Regional Center for Border Health
2. Subaward Date:	10/23/12
3. Subaward Number:	ADHS12-010975 - PO E0075489
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. Regional Center will work with the Indian Health Service to provide at least one Native American focused screening event.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Yavapai County Health Care
2. Subaward Date:	10/15/12
3. Subaward Number:	ADHS13-029635 - PO E0073994
4. PPHF Funding Amount:	\$15,775.00
5. Subaward Purpose:	PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program. Contractor has provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment when necessary. Contractor has also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$538,808.00
8. Award Number:	1U58DP004126-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit):</p> <p>Utilizing the existing California Primary Care Providers network, California Department of Health Care Services, Every Woman Counts (EWC) will spend the Prevention and Public Health Funds (PPHF) to increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking services to low income, uninsured and under-insured women in conjunction with the existing Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection (NBCCEDP) program. EWC provides direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment as well as case management and tracking to ensure clients receive high-quality services and follow-up.</p> <p>PPHF funds are kept at the state health department and used to directly reimburse providers for screening services provided (providers were not awarded PPHF funds separately; therefore, California EWC does not have anything to report in the "Subaward Information" sections below).</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$216,292.00
8. Award Number:	1U58DP004128-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	The Wisconsin Department of Health Services received PPHF Funding in September. We have developed an agreement with two health systems in southeastern and central Wisconsin to provide the breast and cervical cancer screening services. We are waiting for our agency's Community Aids Reporting System (CARS) Unit to complete their review and provide approval for the sub-contract arrangements. We expect to have the approval by January 31, 2013. The providers will be able to start providing screening services as soon as the sub-contracts are approved. Our Patient Database Team has been working with the Department's Bureau of Information Technology Services (BITS) to enhance our data collection and reporting for the PPHF project. We have set up a system to have the PPHF provider sites provide demographic and screening activity data to our central office via a decentralized data entry site.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	We do not have the subawards in place yet so we have nothing to report at this time.
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Hawaii State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$79,267.00
8. Award Number:	1U58DP004129-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The purpose of the Prevention and Public Health Funds (PPHF) 2012: Breast and Cervical Cancer Control Program (BCCCP) grant funding is to explicitly deliver breast and cervical cancer screening services in conjunction with the CDC's National Breast and Cervical Cancer Control Early Detection Program (NBCCEDP). In the State of Hawaii, PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women. The majority of the BCCCP providers in Hawaii have been actively engaged in the breast and cervical cancer early detection program since its inception in 1995. Currently, the Hawaii BCCCP is funded for another five-year project period (June 30, 2012 to June 29, 2017). PPHF 2012 funds are intended to support the implementation of additional breast and cervical cancer screenings to one of Hawaii's current BCCCP providers, Kalihi-Palama Health Center. Kalihi-Palama Health Center has a solid infrastructure in place to provide a direct service breast and cervical cancer screening program and has demonstrated that they can work directly with the BCCCP priority population. They have consistently met their target screening goals and have expended their allocated funds according to their State contract. In order to continue to serve more women in need of breast and cervical cancer screenings, one of the activities that the BCCCP has accomplished during this reporting period has been the implementation and execution of the State contract to utilize PPHF 2012 funds to expand the capacity to screen underserved women at Kalihi-Palama Health Center. All State and contractual requirements have been met to ensure that PPHF funds are expended appropriately and in the appropriate time frame. This contract is in line with the mandates contained in the CDC's Notice of Award, the CDC's NBCCEDP Policies and Procedures Manual, Hawaii's BCCCP's Policies and Procedures Manual, as well as with other applicable federal and State rules and regulations. There have been no other PPHF 2012 activities performed during this reporting period. It was not anticipated the amount of time it would take to complete the administrative, contractual and procurement work for the PPHF 2012 grant, however, it is projected that Kalihi-Palama Health Center will be able to reach their target PPHF screening goal and expend all allocated PPHF 2012 funds by the end of the budget period. The provider will be required to submit quarterly progress reports outlining the status on screening goals, and a description of the methods of high quality service delivery (including screening services, outreach services, tracking and follow-up and case management).</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$323,531.00
8. Award Number:	1U58DP004130-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	The Georgia Breast and Cervical Cancer Program (GBCCP) is using the one time funding from the 2012 Prevention and Public Health Funds to increase the number of women screened for breast and cervical cancer. The GBCCP intends to screen an additional 1,164 women who are uninsured, under-served, minority, at risk for breast or cervical cancer, with income between 201%-250% of the Federal Poverty Income Guidelines. The current GBCCP serves women who are at or below 200% of the FPL. Ninety percent of the funds will be used for client benefits. There are over 100,000 women eligible for this program in Georgia.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northwest Georgia Health District (Rome 1-1)
2. Subaward Date:	1-Oct-12
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Georgia Health District (Dalton 1-2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Health District (Gainesville 2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$31,250.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cobb/Douglas Health District (District 3-1)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$31,250.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	East Metro Health District (Lawrenceville District 3-2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	LaGrange Health District (District 4)
2. Subaward Date:	October 1, 2012

3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$9,750.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	South Central Health District (Macon District 5-2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	East Central Health District (Augusta Health District 6)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	West Central Health District (Columbus Health District 7)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$6,250.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	South Health District (Valdosta District 8-1)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$18,750.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Southwest Health District (Albany District 8-2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$18,750.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Coastal Health District (District 9-1)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Southeast Health District (Waycross District 9-2)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	1U58DP004130-01
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Funds are to screen women for breast and cervical cancer who are uninsured, ages 40-64, legal residents of Georgia and have incomes between 201-250% of the FPL.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$309,632.00
8. Award Number:	1U58DP004131-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Washington State Prime Contractors will use this funding to screen additional women who are uninsured or underinsured, geographically or culturally isolated, medically underserved, or women who are racial, ethnic, and/or cultural minorities across the state for breast and cervical cancer.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Citrine Health
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01
4. PPHF Funding Amount:	\$58,900.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Seattle-King County
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01
4. PPHF Funding Amount:	\$102,118.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Spokane Regional Health District
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01
4. PPHF Funding Amount:	\$30,529.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southwest WA Medical Center
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01
4. PPHF Funding Amount:	\$48,313.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wenatchee Valley Medical Center
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01
4. PPHF Funding Amount:	\$30,870.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Yakima County Health District
2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004131-01

4. PPHF Funding Amount:	\$38,902.00
5. Subaward Purpose:	Funding to be used to sub-contract with providers, provide patient navigation, case management services; and perform recruitment, professional education, quality assurance, surveillance, and evaluation activities for their service areas. Funding will be spent by June 30, 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$201,990.00
8. Award Number:	1U58DP004132-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	Prevention and Public Health Fund (PPHF) funding will increase the number of women screened for breast and cervical cancer in Virginia by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program. These funds will allow the Virginia NBCCEDP (VABCCEDP) program to serve an additional 625 women, bringing the total number of women served in Virginia by August 14, 2013 to 7,600. The specific goals of the project are to: (1) leverage the current fiscal management and procurement systems to provide additional screening services supported by PPHF funds; (2) provide breast and cervical screening and follow-up services to low-income, uninsured women with a focus on minority and never/rarely screened women to detect cancer at the earliest stage; (3) leverage existing quality assurance and data management systems to ensure high quality breast and cervical screening and follow-up services are provided. During the reporting period of June-December 2012, services were provided to 114 women (18% of the target goal of 625) using PPHF funds.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bon Secours Health System, Inc.
2. Subaward Date:	11/07/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$8,000.00
5. Subaward Purpose:	A contract was finalized with Bon Secours Health System, Inc. to serve an additional 25 women through the VABCCEDP. The funding increases the number of women screened for breast and cervical cancer in the sub-contract's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 25 women (100% of their target goal) using PPHF funds. All PPHF funds have been spent.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Riverside Hospital
2. Subaward Date:	11/07/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$3,200.00
5. Subaward Purpose:	A contract was finalized with Riverside Hospital to serve an additional 30 women through the VABCCEDP. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 10 women (33% of their target goal of 30) using PPHF funding.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Vietnamese Resettlement Association
2. Subaward Date:	11/07/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$4,900.00
5. Subaward Purpose:	A contract was finalized with Vietnamese Resettlement Association to serve an additional 40 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 14 women (35% of their target goal of 40) using PPHF funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chesapeake Health District
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$3,200.00
5. Subaward Purpose:	A contract was finalized with Chesapeake Health District to serve an additional 10 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 10 women (100% of their target goal) using PPHF funds. All PPHF funds have been spent.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cumberland Plateau Health District
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$4,800.00

5. Subaward Purpose:	A contract was finalized with Cumberland Plateau Health District to serve an additional 15 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 15 women (100% of their target goal) using PPHF funds. All PPHF funds have been spent.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Eastern Shore Health District
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$7,680.00
5. Subaward Purpose:	A contract was finalized with Eastern Shore Health District to serve an additional 30 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 24 women (80% of their target goal of 30) using PPHF funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pittsylvania/Danville Health District
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$320.00
5. Subaward Purpose:	A contract was finalized with Pittsylvania/Danville Health District to serve an additional 20 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to one woman (1% of their target goal of 20) using PPHF funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Rappahannock Health District
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$4,480.00
5. Subaward Purpose:	A contract was finalized with Rappahannock Health District to serve an additional 50 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to 14 women (28% of their target goal of 50) using PPHF funds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chesapeake Care, Inc
2. Subaward Date:	11/7/2012
3. Subaward Number:	1U58DP004132-01
4. PPHF Funding Amount:	\$320.00
5. Subaward Purpose:	A contract was finalized with Chesapeake Care, Inc to serve an additional 10 women through the VABCCEDP during FY 13. The funding increases the number of women screened for breast and cervical cancer in the sub-contractor's catchment area by providing high quality screening, follow-up, diagnostic evaluation, and referrals to treatment to low income, uninsured and under-insured women. During the reporting period, services were provided to one woman (1% of their target goal of 10) using PPHF funds.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Texas Department of State Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$506,665.00
8. Award Number:	1U58DP004133-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Texas Department of State Health Services (DSHS) was awarded DP12-1218 (PPHF) funds in September 2012. To expedite the delivery of services and to ensure the most efficient and effective use of PPHF funds, DSHS opted to attach funds to an existing contract with a high-volume, high-performing contractor, The University of Texas Medical Branch (UTMB) in Galveston, Texas. UTMB provides breast and cervical cancer screening, diagnostic and patient navigation services through an extensive network of 12 clinics serving 26 urban and rural counties in the Texas Gulf Coast region. According to a recent BCCS needs assessment, the gulf coast region has high rates of invasive breast and cervical cancer, a largely African American population, and greater than 50% of the population is women aged 21-64. This area of the State has a high need for quality breast and cervical screening services for low-income women.</p> <p>As a Breast Cancer and Cervical Cancer Services (BCCS) contractor, UTMB has consistently demonstrated the ability to provide high quality breast and cervical cancer screening services. During fiscal year (FY) 2012 UTMB provided 4,895 women with breast and cervical cancer screening, diagnostic and patient navigation services and met eleven of eleven performance indicators. It is projected that PPHF funds will enable UTMB to screen an additional 1,983 Texas women for breast and cervical cancers during the cooperative grant period.</p> <p>In addition to providing screening services for breast and cervical cancer, DP12-1218 funds support patient navigation services at UTMB. As of December 31, 2012, patient navigation services have not been launched; however DSHS is working with UTMB to prepare staff to conduct and report on these activities. All DSHS contractors providing patient navigation services, including UTMB, will use an updated patient navigation module in the BCCS Med-IT data tracking system which will allow accurate documentation of patient navigation activities including timeliness of follow-up and referral to treatment. Training on the use of this module will be conducted in Austin, Texas February 7-8, 2013. DSHS anticipates a minimum of 20 participants, including one from UTMB. This training is in addition to a Patient Navigation breakout session at the 2012 DSHS Clinical Conference held December 6-7, 2012 in Austin, Texas, and a webinar conducted by BCCS staff held on December 11, 2012.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Texas Medical Branch (UTMB)
2. Subaward Date:	10/1/2012
3. Subaward Number:	1U58DP004133-01
4. PPHF Funding Amount:	\$506,665.00
5. Subaward Purpose:	As of December 31, 2012 UTMB has provided breast and cervical cancer screening services to 383 women and spent \$79,635 of the \$506,665.00 PPHF award. PPHF funds were awarded to DSHS on September 30, 2012 and released to UTMB in October. BCCS policy allows contractors 30 days from the date of service to enter client data and bill, because of this data lag it is suspected that the number of women screened is actually higher than what has been reported to-date.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Hopi Indian Tribal Council
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$35,339.00
8. Award Number:	1U58DP004134-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Upon receipt of the grant award, the program prepared and submitted internal action item for consideration and approval by the Hopi Tribal Council. This pertains to the acceptance of the grant including a waiver of established indirect cost rate for a maximum of 10%. Unfortunately, this process requires review and sign off by numerous tribal offices, including legal counsel before it can be considered for Tribal Council action. The fact that this took place during the holiday season did not help speed the process as well. There was also some confusion about this award and any relation to our previously awarded B&CCEDP grant. This confusion was clarified and our Office of Financial Management is fully aware of the need to keep these monies separate including the final reporting. While the Hopi Breast and Cervical Cancer program has been waiting for this acceptance action, we have established dialogue with the Hopi Health Care Center to identify potential provider/consultant candidates that our grant activities will require. These agencies are aware and are in favor of assisting the program with increasing the number of women provided with breast and cervical cancer screening.</p> <p>Also a door to door event was conducted, during which three out of twelve villages were visited. Staff of Hopi BCCEDP went door to door, resulting in nine (9) newly recruited women. These women will be scheduled and will be included in the recruitment efforts for this particular grant. Dates to visit the remaining villages have been scheduled throughout the months.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Idaho State Department of Health And Welfare
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$110,058.00
8. Award Number:	1U58DP004135-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Goals, Objectives and Activities for the Idaho Women's Health Check PPHF1218 Award identified in the project work plan were developed and followed to increase quality breast and cervical cancer screening for additional women who meet program eligibility guidelines, including women never/rarely screened for cervical cancer and women over age 50 who have no resource for screening mammograms, needed diagnostic tests, or Patient Navigation for women receiving tests with abnormal results suspicious for cancer. Between Oct - Dec 2012, an additional 342 new clients were served as planned utilizing PPHF1218 resources. Clinical services totalling \$89,232 were paid by the program's Third Party Administrator (TPA) to enlisted providers for eligible clients enrolled in Idaho Women's Health Check (WHC) program. Claims are verified and paid within 10 days of receipt or as soon as data is entered by the Local Coordinating Contractor (LCC) and reviewed by WHC state office staff. Quality of services and documentation of outcomes are submitted by LCCs using the program's real-time database, WHCRT. Reports demonstrate quality services were provided in a timely manner, meeting 100% of the NBCCEDP Performance Indicators. Patient navigation is billed the month following services by the local coordinating contractor (LCC) for WHC. The majority of the patient navigation costs will be billed to WHC during the first quarter of 2013. All claims were reconciled with data provided in WHCRT for quality services and data contained in the TPA claims database. Claims with no data entered in WHCRT are denied or held until data has been entered and verified as appropriate services for WHC and the NBCCEDP. Services were provided to eligible women through a statewide service delivery and coordination system consisting of 10 LCCs (all 7 health districts, 2 Federally Qualified Health Centers, and 1 hospital) and over 400 health care providers. Women diagnosed with breast or cervical cancer through WHC are accepted into BCC Medicaid, usually within 48 hours, for cancer treatment.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Southcentral Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$92,380.00
8. Award Number:	1U58DP004137-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	From October through December, Southcentral Foundation provided direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment for low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection program.. Southcentral Foundation also provided patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up to low income, uninsured or under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection Program. No provider subawards or subgrants were allocated.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Southeast Alaska Regional Health Consortium
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$52,486.00
8. Award Number:	1U58DP004138-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The goal of the SEARHC Supplemental Women's Health Project is to utilize these extra direct service funds to increase breast & cervical cancer screenings in our populations experiencing disparities, including Alaska Natives, and rural, remote, underserved and low socioeconomic status groups. We have proposed to expand on our currently funded, high-quality Women's Health programming in four ways with this current award:</p> <ol style="list-style-type: none"> 1) Offer special "women's health clinic" events in eight small communities (Kake, Angoon, Hoonah, Klawock, Thorne Bay, Hydaburg, Kasaan, Haines) where women tend to defer cervical cancer screenings and pelvic exams due to privacy and confidentiality concerns. These funds would pay for special clinic time with female mid-level providers and associated travel costs. This strategy to increase Pap screening rates is in line with HRSA Program priorities, as well. 2) Expand our contracted partnerships to non-SEARHC providers in the community of Craig on Prince of Wales Island, and increase the current limit on the existing contracts in Sitka. 3) Allocate funds to covering the cost of screening service needs for employees who, with the new insurance, may now meet under-insured criteria for the program. <p>Our progress to date on these activities follows:</p> <ol style="list-style-type: none"> 1) We have met with the administrators and staff at the eight clinics where we propose to plan and implement the special women's health clinic events. They are supportive of the project and are pleased to partner with our program to provide these additional screening opportunities. Four SEARHC mid-level providers (all female) have offered to be scheduled as the itinerant provider for these special clinics events. We are currently building the clinic event schedule and fitting the providers into the schedules. We have planned clinics in March, April and May 2013 in Haines, Kake, Angoon, and Hoonah. 2) Peace Health Clinic in Craig has been contacted regarding establishing a new contractual relationship for NBCCEDP-eligible women. They report that the contract is under discussion internally. Both existing contract clinics in Sitka have been pleased to increase the limits on the number of women that they are currently serving. 3) Information about program services and eligibility criteria have been made available to SEARHC employees through Employee Wellness Program notifications and will continue to be made available at the Annual Employee Health Fairs, held regionally in the first months of the year. Women's Health Program staff have met with their local clinics during regularly scheduled meetings to provide updated program information. To date, nine employees have benefited from enrollment under this supplemental award.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breastfeeding Promotion and Support
3. Award Title:	Hospital Collaboratives to Improve Maternity Care Practices Related to Breastfeeding in the U.S.
4. Recipient Name:	National Initiative for Children's Healthcare Quality (NICHQ)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,173,672.00
8. Award Number:	5U58DP003829-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>The National Initiative for Children's Health Care Quality (NICHQ), with support from the Centers for Disease Control and Prevention (CDC), is leading a nationwide effort in close partnership with Baby-Friendly USA to help hospitals apply quality improvement methodologies to improve maternity care and increase the number of Baby-Friendly hospitals in the US. The Breastfeeding Promotion and Support Program, known as the Best Fed Beginnings project (BFB), is engaging 89 hospitals in three regional Breakthrough Series (BTS) learning collaboratives to make system-level changes to maternity care practices in pursuit of Baby-Friendly designation. The project also aims to develop a strategy for sustainable widespread adoption of the Ten Steps to Successful Breastfeeding and breastfeeding promotion.</p> <p>This report includes activities that occurred between October 1, 2012, and December 31, 2012.</p> <p>The 89 participating hospitals have been divided in three regions and all participated in a face-to-face meeting, Learning Session 1 (LS1), between August and September, 2012. During this reporting period, multidisciplinary teams from each hospital, including senior administrative leaders, applied what they learned at LS1 to rapidly introduce evidence-based changes to maternity care that promote breastfeeding. Teams received active support during what is known in a BTS collaborative as an "Action Period", through regular group webinars, discussions with faculty members on a private web portal, and feedback on data collected using quantitative tracking tools. The collaborative learning environment has encouraged and supported these teams to move quickly through the "Development Phase" in the Baby-Friendly USA designation process, with all but one team submitting an Infant Feeding Policy for review before the next face-to-face meeting.</p> <p>Because transformational change requires leadership engagement, a specific track designed for senior leadership at each of the 89 hospitals has been integrated throughout the collaborative. In this reporting period, leaders have participated in two coaching calls and developed personal leadership action plans to support system changes.</p> <p>NICHQ formed a partnership with the United States Breastfeeding Committee (USBC) to build community linkages between the participating hospitals and state-based breastfeeding coalitions. We are also in the process of forming a Strategic Advisory Committee that will help facilitate broader recognition, dissemination and awareness of the BFB project, its approach, tools and results.</p> <p>Broad dissemination will also be supported by a new website on the topic of breastfeeding, which is under development. A 1.0 version of the site is scheduled for launch in February, 2013, with additional functionality added in the fall as the hospitals begin to summarize their results and learning.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Baby-Friendly USA
2. Subaward Date:	10/1/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	<p>Baby-Friendly USA, Inc. (BFUSA) is the accrediting body and the national authority for the Baby-Friendly Hospital Initiative in the United States. In this capacity, BFUSA is responsible for coordinating and conducting all of the activities necessary to achieve the Ten Steps to Successful Breastfeeding and confer the Baby-Friendly designation. BFUSA is a not-for-profit, 501(c)(3) organization incorporated in 1997 in the Commonwealth of Massachusetts. Since 2011, the corporate headquarters has been located in Albany, New York.</p> <p>BFUSA staff members are part of the Best Fed Beginnings faculty team, providing in-depth instruction to the participating teams in support of their path to Baby-Friendly designation. Funds were used towards regular "office hours" phone calls where assistance was provided to teams on questions related to Baby-Friendly designation. In addition, BFUSA staff members engaged in virtual discussions with the teams through the project's private web portal, the Improvement Lab (ILab), and provided technical assistance regarding designation requirements. Finally, as members of the project faculty team, staff members from BFUSA have spent time reviewing and providing feedback on "Development Phase" materials submitted by the participating hospitals, such as infant feeding policies, staff training plans and patient education plans.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	United States Breastfeeding Committee (USBC)
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	<p>The United States Breastfeeding Committee (USBC) is an independent nonprofit organization formed in 1998 (incorporated in the State of Florida in 2000) in response to the Innocenti Declaration of 1990, of which the United States Agency for International Development was a co-sponsor. Among other recommendations, the Innocenti Declaration calls on every nation to establish a multisectoral national breastfeeding committee comprised of representatives from relevant government departments, non-governmental organizations, and health professional associations to coordinate national breastfeeding initiatives. USBC is now composed of more than 40 organizations that support its mission to improve the nation's health by working collaboratively to protect, promote and support breastfeeding.</p> <p>USBC and NICHQ have agreed that USBC staff members will:</p> <ul style="list-style-type: none"> • Work with the NICHQ team to build community linkages between the participating hospitals and state breastfeeding coalitions to support steps 3 and 10 of the Ten Steps to Successful Breastfeeding • Draft and promote recommendations for electronic medical record (EMR) vendors to guide the consistent capture of meaningful data on infant feeding practices, in compliance with The Joint Commission's perinatal care core measure and the requirements of Baby-Friendly designation. <p>Funds during this period have been used to:</p> <ul style="list-style-type: none"> o Plan the purpose and participants of the NICHQ-led Strategic Advisory Committee, the USBC-led Community Advisory Committee, and an EHR expert panel. o Interview and hire Emily Lindsey as the Project Manager for Hospital-Community Relations. o Design a draft survey of state coalitions to assess their capacity to work with community hospitals, and the scope of work involved – considering the number of BFB facilities in their state, number of births represented at those facilities, and work already underway (prior/current maternity care practice project). o Draft an invitation letter for Community Advisory Committee participants. o Sub-contract with Lindsey Hoggle, Managing Partner, Health Project Partners, LLC. Primary activities accomplished by her include: <ul style="list-style-type: none"> o Review of background materials o Framing of initial work plan o Key informant interviews with NICHQ, Baby-Friendly USA and The Joint Commission

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pat Heinrich

2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Pat Heinrich is a consultant on the Best Fed Beginnings project. In her role as the Collaborative Director, she is responsible for designing and implementing the curriculum for the collaborative. During this report period, Pat provided coaching to teams and worked in collaboration with the Improvement Advisor (IA) to develop pre-work materials that teams need to complete prior to the second Learning Session, which will be held in February-March 2013. In addition, Pat facilitated three regional monthly Action Period calls (9 calls total) for the regional collaboratives, and provided ongoing support for the teams. Beyond this work, Pat also oversaw the work of the faculty team while engaging them in the design of the curriculum for the three upcoming regional Learning Sessions and the overall collaborative. Finally, Pat reviewed monthly data, self assessment notes and plan-do-study-act (PDSAs) worksheets submitted by teams to ensure that they are making steady improvements. She provided regular feedback to teams about their performance and recommendations for next steps.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Sue Butts-Dion
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$32,500.00
5. Subaward Purpose:	Sue Butts-Dion is the Improvement Advisor (IA) for the Best Fed Beginnings Collaborative. Working closely with the Collaborative Director and the faculty team, Sue has been responsible for developing a measurement strategy for the collaborative to ensure its alignment with the Baby-Friendly USA requirements. In addition, Sue assisted in the development of pre-work for the three regional Learning Sessions (Regions A, B and C) scheduled for February-March 2013, and provided ongoing technical assistance and coaching for the teams, with a specific focus on quality improvement. During this report period, Sue attended three regional monthly Action Period calls (9 calls total) for the regional collaboratives, provided guidance during office hour calls, participated in faculty planning meetings, and provided ongoing support to the teams. She worked closely with the Collaborative Director and faculty to integrate quality improvement into the curriculum for the Learning Sessions and in the Action Period calls. As the IA, Sue is responsible for ensuring that the measurement strategy is appropriately implemented on the ILab. She provided assistance to all teams and trained them on quality improvement and how to use data to identify progress or areas for improvement. Along with the Collaborative Director, Sue reviewed monthly data, self assessment notes and plan-do-study-act (PDSAs) worksheets submitted by teams to ensure that they are making steady improvements. She provided regular feedback to teams about their performance and recommendations for next steps.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lori Feldman-Winter
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$12,000.00
5. Subaward Purpose:	Dr. Lori Feldman-Winter is the national Faculty Chair for the Best Fed Beginnings collaborative. She has been responsible for assisting in developing key documents for the collaborative, including the project charter and measurement strategy, providing content expertise to the teams and providing input on the development of the learning sessions. During this reporting period, Dr. Feldman-Winter participated in three regional monthly Action Period calls (9 calls total) for the regional collaboratives, provided guidance during office hour calls, attended regular faculty calls, and led one faculty meeting to provide training/coaching to the faculty on how best to support the teams and address the teams' needs. She also provided regular technical assistance and coaching to the teams through the Action Period calls, office hour calls, and by regularly posting information on the discussion boards of the ILab. In preparation for the three regional learning sessions scheduled for February-March 2013, Dr. Feldman-Winter played an integral role in developing session objectives and identifying gaps in knowledge that can be addressed with the participating hospitals. She has also developed two specific sessions for the learning sessions, one on safety concerns and the other geared towards hospital and physician leadership.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Steve Blattner
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003829-02
4. PPHF Funding Amount:	\$7,800.00
5. Subaward Purpose:	Steve Blattner is the Leadership Development Consultant who provides guidance on the implementation and management of the Leadership Track in the Best Fed Beginnings project. The Leadership Track engages mid and senior level leaders from participating hospitals. Steve provides them a framework, tools and support to better enable their hospital project teams to succeed. This component of the BFB collaborative addresses leadership tasks and behaviors specific to BFB and Baby-Friendly certification, as well as more general leadership roles and responsibilities related to supporting improvement in healthcare. During this reporting period, Steve facilitated two regional monthly leadership track webinars (6 calls total) for our regional collaboratives, provided guidance and coaching to teams presenting during the calls, and attended regular faculty calls. Steve has been integral in the development of the objectives for a leadership breakout session for the three regional learning sessions scheduled for February-March 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breastfeeding Promotion and Support
3. Award Title:	Transforming Indian Health Service Hospitals to Baby Friendly Status
4. Recipient Name:	Indian Health Service (IHS)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	12FED1202972
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	<p>This report summarizes the activity to date of this agreement. This funding is to provide support to the Indian Health Service (IHS) to continue its efforts to transform the IHS hospitals to Baby Friendly status. The funding has been used by the IHS to fund a staff person who is dedicated to this effort at the headquarters level to coordinate these efforts throughout the country. There are thirteen (13) IHS Obstetric (OB) sites that began seeking Baby-Friendly designation as part of the Let's Move Indian Country initiative in late 2011.</p> <p>IHS has set a goal to implement the World Health Organization Baby-Friendly Hospital Initiative (BFHI) to promote and support breastfeeding at all OB Federal sites. Three IHS sites have now been designated Baby-Friendly: Rosebud (August 2012), Belcourt, and Pine Ridge (December 2012). All IHS federal OB sites in the Aberdeen Area are now certified, moreover, they represent the first three US Baby-Friendly hospitals anywhere in the Dakotas. The remaining IHS sites are moving ahead in this process and two-three (2-3) will have on-site certification visits in early 2013.</p> <p>The funds from the Prevention and Public Health Fund under the Patient Protection and Affordable Care Act are being used for the efforts of this Inter-agency agreement. These funds support a service contract for a BFHI Contractor which was awarded to Contemporaries, INC in September 2012 and the BFHI Consultant began working with the IHS OB sites at this time.</p> <p>The BFHI Consultant provides leadership, direction, coordination, and promotion in planning, developing, implementing, and evaluating IHS hospitals' attainment of Baby Friendly designation. This staff person collaborates, networks, and works closely with IHS hospitals throughout the country in their efforts regarding BFHI and will facilitate sustainability of the goals of BFHI throughout all IHS facilities and communities. The following services have been provided thus far: monthly BFHI technical assistance adobe presentations, office hours for facility assistance, development of power point presentations, weekly updates on BFHI status, announcements and public service announcements on certification, mock BFHI surveys, BFHI pre survey phone calls, and readily available for ongoing consultation with IHS leadership and administrative staff on BFHI issues and concerns.</p> <p>IHS will continue to coordinate efforts with the BFHI Contractor to improve breastfeeding rates in support of decreasing the epidemic of obesity and the risks of several acute and chronic diseases and conditions, such as diabetes and cardiovascular disease. The IHS made a commitment in 2011 to transform its hospitals to become Baby Friendly hospitals and will continue to work to achieve this goal with the support and assistance of the BFHI Contractor.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Contemporaries, INC
2. Subaward Date:	09/27/2012
3. Subaward Number:	12FED1202972
4. PPHF Funding Amount:	\$90,630.00
5. Subaward Purpose:	To fund a BFHI Contractor. See content above for additional information.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breastfeeding Promotion and Support
3. Award Title:	Assessment and Monitoring of Breastfeeding-related Maternity Care Practices in the U.S.
4. Recipient Name:	Battelle Memorial Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$417,655.00
8. Award Number:	200-2008-27956-0021
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	CDC contracted Battelle to implement the 2013 Maternity Practices in Infant Nutrition and Care (mPINC) survey. The mPINC survey has previously been implemented in 2007, 2009, and 2011. As a biennial census of practices at all hospitals and birth centers nationwide that provide maternity services, the mPINC survey now provides national ongoing monitoring of the specific maternity practices in infant nutrition and care that affect breastfeeding outcomes. During the current reporting period, Battelle conducted a kick-off meeting with CDC to discuss the 2013 mPINC survey. We submitted a summary of the kick-off meeting and an updated survey plan and timeline. Battelle worked with CDC to finalize the 2013 mPINC survey instruments and draft the OMB package. We also supported CDC's ongoing analyses efforts by providing linkages to external data sources.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Systematic Review Projects - Research Participation Program
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,300,000.00
8. Award Number:	12FED199911
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	<p>The Community Guide conducts state-of-the-science systematic reviews that assess the effectiveness of population-based programs and policies in saving lives and preventing disease, disability, and injury. Community Guide systematic review findings form the basis for evidence-based recommendations about effective prevention programs and policies that are developed by the non-federal, Independent Community Preventive Services Task Force (Task Force). Decision-makers in states, worksites, healthcare systems, schools and communities use the Community Guide's evidence-based findings and recommendation to make informed decisions about allocated scarce resources to effective programs and policies. The Community Guide is therefore also responsible for developing effective strategies for disseminating Task Force findings and recommendations to the wide range of intended user audiences, and for supporting the adoption and implementation of Task Force findings and recommendations by these audiences.</p> <p>CDC leadership has mandated an increase in the number of Community Guide reviews and dissemination activities for Task force findings and recommendations. In order to manage operations and provide the support needed to increase reviews and dissemination activities, the Community Guide's staffing and operational support needs to increase in concert to build and maintain these functions. Without this IAA, Community Guide would be unable to meet its mandated mission and goals.</p> <p>ORISE fellows associated with this IAA are involved with three types of scientific work conducted by the Community Guide.</p> <ol style="list-style-type: none"> 1. ORISE Review Fellows participate in the conduct of systematic review projects that involve the collection, review and analysis of data in order to assess the effectiveness of population-based public health interventions in high priority areas. 2. ORISE Economic Fellows participate in the conduct of the economic components of systematic review projects – specifically the collection, review, and analysis of data necessary for assessing the economic efficiency of population-based public health interventions in high priority areas. 3. ORSIE Dissemination Fellows participate in developing, testing, refining, implementing, and evaluating strategies, materials, and channels for disseminating Community Guide findings and recommendations to the wide range of intended Community Guide audiences, and for supporting the adoption and implementation of Community Guide findings and recommendations among these audiences.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Update of Community Guide Reviews on the Effectiveness of Intervention
4. Recipient Name:	Battelle Memorial Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$397,160.00
8. Award Number:	200-2012-53785
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Battelle is conducting an update to the existing systematic reviews on the effectiveness of diabetes prevention and control interventions for the Guide to Community Preventive Services (http://www.thecommunityguide.org/diabetes) under this award made 9/28/2012. The original interventions reviewed and published in 2002 include self-management education, case management, and disease management. The purpose of the updates is to ensure that the recommendations provided by the independent Community Preventive Services Task Force reflect current practice and the best evidence currently available. The project will involve the production of materials to develop and clearly communicate the findings from the updated evidence reviews and the Task Force recommendations to key audiences of researchers, practitioners, and other relevant decision-makers. The updated reviews and related communication materials are expected to be extremely valuable for helping researchers and research-funding agencies identify important gaps in our current knowledge, and for informing the actions of public health officials and other decision-makers. This project will help to address the national diabetes priorities described in Healthy People 2020.</p> <p>Activities undertaken by Battelle during the three months ending 12/31/2012 are summarized below.</p> <p>Task 1: Interface and Progress Reporting</p> <ul style="list-style-type: none"> - Kick off meeting with CDC on 10/12 with detailed meeting minutes provided (1.1) - Battelle SharePoint site for Community Guide Diabetes Update project operational 10/12 (1.1) - Bi-weekly meetings held with the CDC Technical Coordinator (1.2) - Monthly and bi-weekly progress reports (1.3) - Detailed Work plan completed 10/30 (1.4) - In-Person Battelle Community Guide Methods Orientation Meeting on 12/5 - Community Guide Diabetes Coordination Team Meeting – initial meeting held 12/14 with decisions made to revise the original review parameters to make the update relevant to current practice. <p>These changes include combining the case management and disease management interventions with a new intervention name for the combined review (e.g., care management), and to expand the scope of the original self-management education intervention to include additional community settings beyond those in the original review as well as non-community settings.</p> <p>Task 2: Evidence Search</p> <ul style="list-style-type: none"> - Draft search strategy completed 10/30 (2.1) - Battelle review team is completing a review of relevant systematic reviews published subsequent to the Community Guide diabetes reviews to provide input for the finalizing the search strategy, clarifying the review update scope and for potential inclusion in the review update with anticipated completion January 2013. <p>Task 3 – Data Abstraction</p> <ul style="list-style-type: none"> - Database abstraction record structure and coding manual for the Community Guide diabetes review updates consistent with Community Guide methods provided 12/13 (3.1)

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Update of Community Guide Reviews on the Effectiveness of Intervention
4. Recipient Name:	Kaiser Foundation Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,186,420.00
8. Award Number:	200-2012-53786
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>From 2001 to 2006, the Guide to Community Preventive Services (Community Guide), under the leadership of the independent, nonfederal Community Preventive Services Task Force (Task Force) published a series of 14 systematic reviews on the effectiveness of interventions to increase physical activity. Evidence for these reviews was based on studies primarily published between 1980 and 2000. Findings from these reviews led to Task Force recommendations for eight interventions to promote physical activity; there was insufficient evidence to determine the effectiveness of the remaining six interventions. The purpose of this contract is to provide technical support to update 11 of the 14 systematic reviews for the Community Guide related to the effectiveness of physical activity interventions. Findings from these reviews are expected to lead to updated recommendations issued by the Task Force and provide guidance for communities and states. As part of this project we will: (1) finalize the scope of the reviews in collaboration with CDC and outside experts, (2) systematically search, scan, and review the literature, (3) abstract relevant data and rate the quality of the evidence, (4) prepare evidence tables and conduct evidence synthesis, (5) draft revised findings and rationale statements, and (6) report the results to the Task Force and public through presentations, manuscript(s), and summaries for the Community Guide website.</p> <p>During this reporting period (October 2012-December 2012), we reviewed all of the original systematic reviews and began planning the scope and process for each review. We recruited and have scheduled monthly meetings with a project Coordination Team that consists of CDC experts, Task Force members and liaisons, and academic physical activity experts. We prioritized two topics to begin work on immediately: one focused on the effects of enhanced school-based physical education and the other on the effects of active transportation policies. We conducted systematic searches for evidence in eight literature databases and retrieved over 30,000 records that are potentially relevant to the project. We developed exclusion criteria to use in screening the records and have already screened over 4,000 records. In the coming months, we will continue to screen records, determine criteria for inclusion in specific reviews, and will develop tools to assist us in abstracting and synthesizing the data.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HealthPartners Research Institute
2. Subaward Date:	09/28/2012
3. Subaward Number:	200-2012-53786
4. PPHF Funding Amount:	\$62,568.00
5. Subaward Purpose:	The subcontract to HealthPartners Institute for Education and Research includes engaging one investigator, Dr. Emily Parker, to serve as a co-investigator on the project. Dr. Parker has attended all staff and Coordination Team meetings contributing to scoping the reviews and determining the process for the updated reviews. She has screened a number of abstracts and has participated actively in all decision making regarding the updated reviews.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Drexel University
2. Subaward Date:	09/28/2012
3. Subaward Number:	200-2012-53786
4. PPHF Funding Amount:	\$132,242.00
5. Subaward Purpose:	The subcontract to Drexel University includes engaging one investigator, Dr. Yvonne Michael, to serve as a lead investigator on the project. To date, Dr. Michael has attended all staff and Coordination Team meetings contributing to scoping the reviews and determining the process for the updated reviews. She has lead the thinking surrounding the updates of the systematic reviews related to Environmental and Policy Approaches and has drafted definitions, criteria, and an analytic framework for one specific review. Dr. Michael has also screened a number of abstracts for relevance.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Update of Community Guide Reviews on the Effectiveness of Intervention
4. Recipient Name:	Tufts Medical Center, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$435,000.00
8. Award Number:	200-2012-53787
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of the award is to provide a systematic review to the CDC Community Task Force on the effectiveness of behavioral interventions to prevent diabetes. The project began on 9/28/2012. We have had weekly calls with the Community Guide Technical Monitor to plan and assess the progress of the project. We are continuing to formulate the systematic review protocol for submission to and approval by the Task Force at their meeting in February 2013. We have compiled a Coordination Team to help to develop the protocol. We have begun an ongoing series of calls with them to determine the eligibility criteria for the review. The first calls began with a set of formal presentations about the scope and purpose of the project and the steps required to produce a protocol. We have begun preparation for a presentation to the Community Task Force at their February 2013 meeting. We have conducted a literature search in multiple electronic databases and have begun to screen the downloaded citations for potentially relevant studies.</p> <p>Funds during the period 9/28/12-12/31/12 were used to support the following personnel: Drs Katrin Uhlig and Ethan Balk as co-principal investigators, Dr. Anatassios Pittas as the clinical expert, as well as Denish Moorthy, Amy Earley, Research Associates and Esther Avendano, the research assistant. In addition, an indirect cost rate was assessed for this period and charged to the fund.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Analytic Evaluation and Technical Support
4. Recipient Name:	Leadership Strategies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,549,827.38
8. Award Number:	200-2012-F-53332
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The contractor is providing a variety of services for the Guide to Preventive Services (the Community Guide) that span epidemiology and statistical analysis, IT development, technical writing and health communication, and operations support.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Deloitte Consulting, LLP
2. Subaward Date:	9/28/2012
3. Subaward Number:	200-2012-F-53332
4. PPHF Funding Amount:	\$1,040,602.26
5. Subaward Purpose:	The subcontractor is providing a variety of services around community health and the Guide to Community Preventive Services, including IT development of the Community Health Status Indicators (CHSI) website, epidemiology and statistical analysis for community-level data, and technical writing to translate epidemiological tools and methods to broader public health audiences.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Unisys Corporation
2. Subaward Date:	9/28/2012
3. Subaward Number:	200-2012-F-53332
4. PPHF Funding Amount:	\$509,225.12
5. Subaward Purpose:	The subcontractor is providing management and operations, and technical writing support for the Guide to Community Preventive Services. The subcontractor is also providing IT development support for the Community Health Status Indicators (CHSI) web site.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Analytic Evaluation and Technical Support
4. Recipient Name:	Leadership Strategies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$165,747.40
8. Award Number:	200-2012-F-53332-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The contractor is to provide health communications support for the Guide to Community Preventive Services.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Deloitte Consulting, LLP
2. Subaward Date:	9/28/2012
3. Subaward Number:	200-2012-F-53332-00001
4. PPHF Funding Amount:	\$165,588
5. Subaward Purpose:	The sub-contractor will employ a health communications specialist to prepare documents and materials to guide the use of the Guide to Community Preventive Services and support the Community Guide in preparation for its annual Task Force meeting in February 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Guide
3. Award Title:	Prototype Knowledge Management System
4. Recipient Name:	PricewaterhouseCoopers, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$965,555.24
8. Award Number:	200-2012-F-53353
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of this contract is to develop a proof of concept and prototype for a tailored decision and implementation support system (system) that will assist public health decision makers and their multi-sectoral partners to use evidence-based approaches in locating, reviewing, selecting, implementing, and evaluating evidence-based strategies to address their important public health needs. The specific objectives are: to complete an environmental scan of existing tools and systems and an assessment of the needs and preferences of public health decision makers for decision and implementation support around using evidence-based approaches; to develop a proof of concept and prototype; to identify what would be required to take the prototype to scale, and adequately staff and maintain it; to clarify pros and cons and make recommendations regarding whether the system should be developed and maintained within the federal system or by an external entity; and to propose options and recommendations for build out under different funding scenarios.</p> <p>PricewaterhouseCoopers LLP (PwC) worked collaboratively with CDC to develop a work plan for the project, including a timeline for completing all project tasks. PwC drafted documentation associated with OMB Paperwork Reduction Act (PRA) clearance and IRB protocol documents. PwC developed a needs assessment plan and began conducting needs assessment interviews of public health decision makers not subject to the OMB PRA clearance requirements. PwC developed and presented a diagram of potential system features for CDC feedback. PwC developed a draft feasibility assessment plan that documents approach for gauging feasibility of the system to track users and their interactions with the system. PwC also identified tools, systems, and technologies for review and potential inclusion in the environmental scan and began developing criteria for the environmental scan. PwC and CDC staff held monthly update meetings in October, November, and December, as well as other ad-hoc meetings throughout the reporting period. PwC submitted official meeting minutes for each monthly update meeting, as well as formal status reports in October, November, and December.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Central Michigan District Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,643,798.00
8. Award Number:	1H75DP004180-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Central Michigan District Health Department will implement policy, environmental, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following two "Strategic Directions:" 1) Active Living and Healthy Eating, and 2) Healthy and Safe Physical Environments. As a newly awarded grantee, Central Michigan District Health Department has focused on establishing our infrastructure components, finalizing our work plan (CTIP), completing budget revisions, and developing our leadership team. The first major activity completed was staffing recruitment and hiring. All positions were filled as of November 26, 2012. Once our accountant was in place, the fund draw-down process was established, an eRA Commons account login was secured and FFR submitted. The Project Coordinator wrote and finalized our work plan (CTIP) and budget revisions, which were sent to the Procurement and Grants Office on November 30, 2012. Lastly, Central Michigan District Health Department has worked at developing and training our leadership team, which was established through our existing Health Improvement Coalition. Leadership team members were recruited with the initial award application. Leadership team activities, since receiving our award letter, have focused on educating members about the finalized work plan. On December 13, 2012, a Lobbying Restriction training was held at our monthly health improvement coalition meeting, which was attended by most leadership team members, program staff, and contractors.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Chicago Public Schools, District 299
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,398,118.00
8. Award Number:	1H75DP004181-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Chicago Public Schools (CPS) has engaged in the following Community Transformation activities from October 1, 2012 to December 31, 2012:</p> <ol style="list-style-type: none"> 1) Updated Community Transformation Implementation Plan and develop a Response to Weaknesses in accordance with the CDC Notice of Award. 2) Posted position, interviewed candidates and hired Healthy CPS Project Manager (January 14th start date). 3) Posted position, interviewed candidates and hired Nutrition Education Coordinator (January 7th start date). 4) Posted position, interviewed candidates and hired Physical Education Specialist (January 2nd start date) 5) Convened first HealthyCPS Leadership Team meeting on December 5th. 6) Convened seven funded partners on November 1st. 7) Recruited 14 teachers to serve on Physical Education Leadership Team; convened three meetings. 8) Worked to finalize Physical Education scope and sequence. 9) Developed and submitted scope of services for funded partners to Chicago Public Schools Law Department for review. 10) Began process of identifying health education resource that aligns with the National Health Education Standards. 11) Developed and disseminated School Wellness Survey to all schools to determine school alignment with Wellenss and Healthy Snacks and Beverages policies. 12) Recruited three of five high schools to participate in four-year Physical Education pilot. 13) Worked with Communications consultant who will assist with Policy Communications Initiative to become CPS vendor.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,568,597.00
8. Award Number:	1H75DP004221-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Community Transformation Grant - Small Communities (CTG) is working to address the National Prevention Strategy strategic directions of tobacco-free living, active living and healthy eating, and healthy and safe physical environments for children ages 0-18 in eight small communities situated within the three counties of Broome, Chautauqua, and Cattaraugus Counties in New York State (NYS). These strategies will be addressed in a multi-sector implementation plan, in the early child care, school, and community settings.</p> <p>In the early childcare sector, these small communities are working to increase the number of child care centers and homes that provide developmentally appropriate physical activity for young children and increase participation in the Child and Adult Care Food Program. In the school sector, these communities are increasing integration of physical activity into elementary classroom settings; increasing access to safe routes to school; and developing regional food procurement initiatives which will consolidate food procurement and standardize menu planning for participating school districts in order to leverage buying power, secure more competitive pricing and improve the nutritional quality of the school lunch program. In addition, schools in these communities are implementing Local Wellness Policies prohibiting tobacco use at off-campus, school-sponsored events. In the community at-large, these communities are increasing access to safe and accessible streets for walking and biking, healthy beverages, and smoke-free multi-unit housing properties.</p> <p>During this period, a series of webinar trainings and conference calls were conducted for the CTG communities and their partners to provide an orientation to CTG and an overview of each of the CTG intervention areas. To evaluate population level impact of the CTG interventions, a CTG population based telephone pre-survey has been developed, is being tested and will be implemented in the eight high needs CTG communities and in one control community. In addition, the local level evaluation tools and performance management system is being developed and the hiring process is underway for the CTG Program Manager position.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Broome County Health Department
2. Subaward Date:	10/18/2012
3. Subaward Number:	1H75DP004221-01
4. PPHF Funding Amount:	\$450,000.00
5. Subaward Purpose:	<p>Broome County is working with a multi-sector leadership team and coalition to implement a multi-sector implementation plan within the Binghamton City and Johnson City Central School District geographic areas. In the early childcare sector, Broome County is working to increase the number of child care centers and homes that provide developmentally appropriate physical activity for young children and increase participation in the Child and Adult Care Food Program. In the school sector, Broome County is increasing integration of physical activity into elementary classroom settings; increasing access to safe routes to school; and developing regional food procurement initiatives which will consolidate food procurement and standardize menu planning for participating school districts in order to leverage buying power, secure more competitive pricing and improve the nutritional quality of the school lunch program. In addition schools in Broome County are implementing Local Wellness Policies prohibiting tobacco use at off-campus, school-sponsored events. In the community at-large, Broome County is increasing access to safe and accessible streets for walking and biking, healthy beverages, and smoke-free multi-unit housing properties.</p> <p>During this period, Broome County has convened their leadership team and coalition, secured staffing, participated in the CTG orientation webinars and began planning for implementation of interventions.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cattaraugus County Health Department
2. Subaward Date:	10/18/2012
3. Subaward Number:	1H75DP004221-01
4. PPHF Funding Amount:	\$450,000.00
5. Subaward Purpose:	<p>Cattaraugus County is working with a multi-sector leadership team and coalition to implement a multi-sector implementation plan within the Gowanda Central, Olean City, and Salamanca City School District geographic areas. In the early childcare sector, Cattaraugus County is working to increase the number of child care centers and homes that provide developmentally appropriate physical activity for young children and increase participation in the Child and Adult Care Food Program. In the school sector, Cattaraugus County is increasing integration of physical activity into elementary classroom settings; increasing access to safe routes to school; and developing regional food procurement initiatives which will consolidate food procurement and standardize menu planning for participating school districts in order to leverage buying power, secure more competitive pricing and improve the nutritional quality of the school lunch program. In addition schools in Cattaraugus County are implementing Local Wellness Policies prohibiting tobacco use at off-campus, school-sponsored events. In the community at-large, Cattaraugus County is increasing access to safe and accessible streets for walking and biking, healthy beverages, and smoke-free multi-unit housing properties.</p> <p>During this period, Cattaraugus County has convened their leadership team and coalition, secured staffing, participated in the CTG orientation webinars and began planning for implementation of interventions.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chautauqua County Health Department
2. Subaward Date:	10/18/2012
3. Subaward Number:	1H75DP004221-01
4. PPHF Funding Amount:	\$450,000.00

5. Subaward Purpose:	<p>Chautauqua County is working with a multi-sector leadership team and coalition to implement a multi-sector implementation plan within the Jamestown City, Dunkirk City, and Silver Creek Central School District geographic areas. In the early childcare sector, Chautauqua County is working to increase the number of child care centers and homes that provide developmentally appropriate physical activity for young children and increase participation in the Child and Adult Care Food Program. In the school sector, Chautauqua County is increasing integration of physical activity into elementary classroom settings; increasing access to safe routes to school; and developing regional food procurement initiatives which will consolidate food procurement and standardize menu planning for participating school districts in order to leverage buying power, secure more competitive pricing and improve the nutritional quality of the school lunch program. In addition schools in Chautauqua County are implementing Local Wellness Policies prohibiting tobacco use at off-campus, school-sponsored events. In the community at-large, Chautauqua County is increasing access to safe and accessible streets for walking and biking, healthy beverages, and smoke-free multi-unit housing properties.</p> <p>During this period, Chautauqua County has convened their leadership team and coalition, secured staffing, participated in the CTG orientation webinars and began planning for implementation of interventions.</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Roswell Park Cancer Institute Survey Research and Data Acquisition Resource (SRDAR)
2. Subaward Date:	12/27/2012
3. Subaward Number:	1H75DP004221-01
4. PPHF Funding Amount:	\$400,002.00
5. Subaward Purpose:	<p>The CTG Population Data Center is housed within the Survey Research and Data Acquisition Resource Center at Roswell Park Cancer Institute and is developing and conducting two population surveys and providing analysis of the data. Population measures on attitudinal, behavioral and health indicator data will be made prior to implementation of the CTG interventions and after implementation when their impact on population outcomes could be observed; and will be obtained through two random-digit dial telephone surveys (CTG Population Survey). The survey will include questions on demographics, tobacco use, exposure to secondhand smoke, perception of neighborhood walkability and safety, use of active modes of transportation, prevalence of walking as exercise, leisure time physical activity, support for strategies to address sugary drink consumption, prevalence of daily sugary drink consumption in adults and children, and support for strategies to address second hand smoke in multi-unit housing. In households with children, adults will report on the nutrition, physical activity, and tobacco use behaviors of a randomly selected child from the household. The two waves of data collection and survey design will allow for the analysis of and tracking in changes in nutrition, physical activity, tobacco behaviors, and weight status among the eight communities that are recipients of the CTG intensive nutrition, physical activity, and tobacco interventions.</p> <p>During this period, the CTG population based telephone survey has been developed and is being tested and will occur in the eight high needs communities CTG is working with and in one control community.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Diane H. Craft
2. Subaward Date:	12/31/2012
3. Subaward Number:	1H75DP004221-01
4. PPHF Funding Amount:	\$42,608.00
5. Subaward Purpose:	<p>Diane Craft, PhD will provide training and technical assistance to increase the number of child care centers and homes that provide developmentally appropriate physical activity for young children in the eight CTG communities. Dr. Craft will develop a training model for Physical Activity (PA) Specialists' to use with child care providers; train three PA Specialists; conduct training on preschool physical activity for child care providers in Cattaraugus, Chautauqua and Broome Counties; consult regularly with the PA Specialists to facilitate promoting physical activity of young children in child care settings; and assist with evaluation activities.</p> <p>During this period, Dr. Craft conducted a webinar training and conference call with the CTG communities and their partners to provide an orientation to the CTG physical activity in child care intervention.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	YMCA of Greenville
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,954,323.00
8. Award Number:	1H75DP004224-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>As of January 8, 2013, the YMCA of Greenville has not received funding from the CDC and as such the grantee has no activities to report and no sub-grant or sub-awardee funds were obligated for FY2012.</p> <p>LiveWell Greenville, a coalition of more than 100 multi-sectorial representatives working in Greenville County, South Carolina, will be creating healthier practices, environments, programmatic changes and infrastructure for all students and families in Greenville County Schools and children in out-of-school care settings. The activities will reach 192,324 residents. Impact will be made through the implementation of strategies that improve access to healthy foods, increase opportunities to engage in moderate to vigorous physical activity and reduce exposure to second and third hand smoke.</p> <p>Specific outcomes and activities that will be implemented include:</p> <ul style="list-style-type: none"> • An increase in healthy meals provided in public middle school cafeterias by training food service employees in scratch-cooking techniques • Completion of School Health Index (SHI) and School Wellness Plans in all 90 elementary, middle and high schools with goal to address at least one item in each of the eight SHI modules at each school • An increase in moderate-to-vigorous physical activity of all students through the use of evidenced-based high school physical education and primary and middle grade approaches • An increase in active transit by GCSD students through Safe Routes to School initiatives and bike and pedestrian safety training and practice • Expansion of a successful Out-of-School initiative from 8 to 60 sites, including intensive technical assistance and training to devise policies and foster environments that promote healthy eating and physical activity, and reduce or prevent tobacco use in out-of-school sites • An increase in out of school providers making policy and environmental changes that promote healthy eating, active living and reduced tobacco use by developing a LiveWell Out-of-School Designation that publicly recognizes quality, healthy out-of-school providers • An increase in healthy foods served by out of school providers by piloting a power-buying model for at least 8 out-of-school sites • An increase in physical activity among youth by expanding bike clubs at community centers in low-income neighborhoods from the current 2 to at least 9 clubs <p>Short term objectives of the proposal include:</p> <ul style="list-style-type: none"> • Preventing and reducing tobacco use among youth and adults • Improving nutritional quality of foods and beverages served or available in schools and after school settings • Improving the quality and amount of physical education and physical activity in schools and after school settings • Implementing effective positive youth development and risk reduction approaches to improve adolescent health • Educating communities about comprehensive approaches to improve community design to enhance walking and bicycling and active transportation

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Cherokee Nation Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,319,437.00
8. Award Number:	1H75DP004251-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Affordable Care Act of 2010 authorizes Community Transformation Grants to state and local governmental agencies, tribes and territories, state or local non-profit organizations, and national networks of community-based organizations "to implement a variety of programs, policies, and, as appropriate, infrastructure improvements to promote healthy lifestyles," to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, including racial and ethnic disparities, and develop a stronger evidence base for effective prevention programming.</p> <p>From the Prevention and Public Health Fund (PPHF) of the Affordable Care Act, \$70 million was available in Fiscal Year 2012 to expand CTG efforts and support two year projects in areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties. The CTG- Small Communities program's purpose is to implement evidence and practice-based community prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates in communities across the nation.</p> <p>Consistent with the overall CTG program, the CTG - Small Communities program support the five "Strategic Directions" from the National Prevention Strategy: 1) tobacco-free living, 2) active living and healthy eating, 3) high-impact quality clinical and community preventive services, 4) social and emotional wellness, and 5) healthy and safe physical environments.</p> <p>CTG - Small Communities program awardees will conduct activities that contribute to the overall goals of the CTG program and help achieve positive change in one or more of the following five outcome measures: 1) weight, 2) proper nutrition, 3) physical activity, 4) tobacco use, and 5) social and emotional well-being.</p> <p>The Cherokee Nation is a 2012 Community Transformation Grants - Small Communities program Tribal Awardee. Activities of the program include, developing tribal specific approaches that work on long-range, high-impact tribal public health goals within the intervention area. The project will implement evidence based and practice based community prevention strategies focused on preventing and reducing tobacco use and obesity, increasing physical activity and improving nutrition among tribal and non-tribal citizens residing in the Cherokee Nation Tribal Jurisdictional Service Area. Interventions will be implemented in collaboration with the local business community, school districts, community-based organizations, and other non-traditional partners. The estimated reach of the target population is 389,000 residents living in all or parts of 14 counties in northeastern Oklahoma. Program efforts will also focus on low-income, racial/ethnic minority, and medically underserved communities and persons affected by mental illness or substance abuse.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Microclinic International
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,433,839.00
8. Award Number:	1H75DP004253-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	During the 2012 reporting period, Microclinic International (MCI) did not implement any program activities utilizing Community Transformation Grants - Small Communities funds, and continued to work with the CDC to finalize approval of the Community Transformation Implementation Plan (CTIP). MCI staff have responded to application weaknesses and completed all documentation required for the PGO at CDC. We have liaised with local stakeholders in Kentucky to prepare for implementation of the CTG award and are awaiting final approval of the CTIP prior to commencing program activities.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Inland Northwest Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$931,815.00
8. Award Number:	1H75DP004269-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in four of the five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Inland Northwest Health Services will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following two "Strategic Directions:" Active living and healthy eating, and social and emotional wellness. Inland Northwest Health Services was awarded the Community Transformation Grant on September 30, 2012. Therefore, this report only includes activities that took place between September 30, 2012 and December 30th, 2012. Funds used during this period include \$4,000.29 in salaries and benefits, \$299.10 in travel costs, and \$4,299.39 in indirect costs totaling \$8,598.78. Activities performed during this time frame include finalizing and making updates to the CTIP, hiring the grant coordinator, communicating with leadership team members, acquiring necessary supplies, and finalizing sub-contracts. In addition, the Principal Investigator traveled to the "Transforming Washington Communities Partner Celebration – Moving Forward Together" meeting in Seattle resulting in \$299.10 in travel costs.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	The Lima Family YMCA
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,213,363.00
8. Award Number:	1H75DP004275-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>In October, 2012 The Lima Family YMCA accepted a \$1,213,363.00 Small Communities Transformation Grant (SCTG) from the Affordable Care Act's Prevention and Public Health Fund. The Lima Family YMCA proposes to increase active living, healthy eating, and tobacco-free living in Allen County, Ohio. This project will focus on increasing tobacco-free environments, increasing healthy food options at public venues, increasing access to fresh fruit and vegetables in food deserts, increasing physical activity among school children, promoting breastfeeding friendly environments in workplaces and public venues, and improving access to non-motorized transportation options. During the initial quarter of grant funding, the Allen County (SCTG) team developed a model policy toolkit, workplace and school site assessment and a healthy vending machine assessment using CDC resources. The Allen County SCTG team has surveyed school districts on current nutrition and wellness programs by collecting current policies from area schools. The team has also developed a partnership with West Central Ohio Regional Healthcare Alliance (WCORHA) for assistance with identifying organizations with demonstrated progress towards improving overall worksite wellness. This partnership has resulted in an agreement with Lima Allen Council on Community Affairs (LACCA) to provide technical assistance with implementing healthy vending policies and a lactation support program in the workplace as well as improving wellness and nutrition policies in LACCA's Child Development Services program that directly affect the development of children of low income families. Furthermore, the SCTG team has also fostered collaboration with the Allen County Health Department's Bike Pedestrian Force that will further advance SCTG project goals in regards to promoting non-motorized transportation. During the remaining grant period, the SCTG team plans to use community wide messages to promote CTG priorities, provide bi-monthly updates to our leadership team and further advance the goals of the project, thus fulfilling the terms of the grant agreement.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	City of Beaverton
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,583,458.00
8. Award Number:	1H75DP004281-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	The City of Beaverton has partnered with six health partners to form the Beaverton Community Health Partnership (BCHP). The BCHP will implement systems, environmental, and policy changes at both the community and public health levels in Beaverton and the broader region. Activities undertaken during 7/2012-12/20/2012 include: hiring of a program coordinator to manage the grant and subawards, establishing initial grant management policies and procedures, submittal of revised budget and workplan to CDC, drafting of subaward contract agreements, drafting of consultant contract agreements, drafting request for proposals for a public involvement consultant to assist with the Comprehensive Plan Health Chapter, scoping of the Comprehensive Plan Health Chapter, and data entry of Beaverton's award workplan into the CDC's Chronic Disease Management Information System.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pacific University
2. Subaward Date:	09/29/2012
3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$176,481.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington County Disability, Aging and Veteran Services
2. Subaward Date:	09/29/2012
3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$107,204.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lifeworks Northwest
2. Subaward Date:	09/29/2012
3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$170,451.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington County Health and Human Services
2. Subaward Date:	09/29/2012
3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$341,702.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Action Organization
2. Subaward Date:	09/29/2012
3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$144,687.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Virginia Garcia Memorial Health Center
2. Subaward Date:	09/29/2012

3. Subaward Number:	1H75DP004281-01
4. PPHF Funding Amount:	\$252,643.00
5. Subaward Purpose:	No funds have yet been expended, due to the City of Beaverton awaiting final approval of our revised budget and workplan from the CDC.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Clark County School District
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,433,159.00
8. Award Number:	1H75DP004286-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The goal of the Clark County School District (CCSD) CTG award is to increase implementation of effective physical activity, nutrition and tobacco-use prevention efforts to improve outcome measures as established by the Affordable Care Act of 2010, among CCSD's students and employees, through coordinated school health policies, programs, and practices creating a healthy school/community environment that minimizes chronic disease.</p> <ul style="list-style-type: none"> • The CCSD CTG team has revised the budget and CTIPs as required • Team members participated in all mandatory trainings. A leadership team meeting is tentatively scheduled • The interlocal agreement between CCSD and Southern Nevada Health District (SNHD) is in the process of being formally approved by the CCSD Board of School Trustees. <p>• The SNHD began to draft formal agreements with approved community partners. Those agreements will be executed upon signature of the interlocal agreement between CCSD and SNHD</p> <ul style="list-style-type: none"> • The Safe Routes to Schools program manager interviewed candidates for program facilitator position and selected a candidate who will start on January 22, 2013 • CCSD Food Services had nutrition education signage developed and produced <p>The Curriculum and Professional Development CTG team completed the following activities during the project period:</p> <ul style="list-style-type: none"> • Hired a CPD project facilitator for the grant (start date 12/10/12). • Met with the Health Services department to discuss and observe how to accurately take body mass index measurements. • Presented to Secondary Instructional Coaches on importance of physical activity breaks in secondary schools • Created an application for selection of Crossfit schools • Sent an e-mail with an application for high school PE teachers to apply for Crossfit program • Met with purchasing department to discuss instructional supplies needed for Crossfit and body mass index measurement programs • Revised protocols for body mass index measurement program in schools • Created a rubric to score the Crossfit applications • Scored the Crossfit applications and ranked them in order <p>The employee wellness program manager completed the following activities during the project period:</p> <ul style="list-style-type: none"> • Met with principals from the 14 identified rural schools to introduce the grant and outline the expectations • Created a timeline showing the events and activities that each of the 14 rural schools will be participating in upon confirmation to the CTG staff wellness • Met with the employees at each school and presented the timeline of events that will take place regarding employee wellness • Interviewed and hired a project facilitator with a start date of January 7, 2013 • Conducted a mock grocery store tour to gather important data from the participants involved for the launch of the first health video that will be developed, created and posted on the Interact, Public Broadcasting Service (PBS) and UnitedHealthCare Health Education and Wellness (HEW) websites

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kimberly Ann Zollinger
2. Subaward Date:	9/30/2012
3. Subaward Number:	Supplier - 10012816
4. PPHF Funding Amount:	\$31,000.00
5. Subaward Purpose:	Nature of Services To Be Rendered; Staff Wellness Professional Services for Program Development, Program Marketing, Education Distribution, Implementation and Data reporting Ms. Zollinger will plan and coordinate all staff wellness activities through the established, voluntary pilot program, "Health Becomes You"

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Maine General Medical Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1H75DP004290-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>"Up and Running: Getting the NDPP Started" is a commitment coalesced by the applicant, MaineGeneral Medical Center and its Prevention Center with partnered agencies and programs throughout Kennebec and Somerset Counties to make the National Diabetes Prevention Program (NDPP) available to every overweight or obese adult in the region (approximately 90,878 people). The NDPP evidence-based program will create access to a lifestyle coach in every community, enhanced by the use of social marketing strategies to facilitate participation and behavior change. Current diabetes incidence is 12% for Kennebec and 11% for Somerset Counties. The objective of the project is to reduce the rate of obesity by 5% using nutrition and physical activity interventions. The project will prevent and reduce the incidence of diabetes in the Kennebec Valley area through widespread implementation of NDPP, focusing on changes in weight and physical activity. MaineGeneral Medical Center Prevention Center hired Laura Holweger as Program Manager for the CTG Small Communities Grant. Laura has recruited membership with the leadership team established formal MOUs with each organizational member regarding their role and have met 3 times. We created a contract agreement with Hornby Zeller Associates has been established and Alison Webb assigned to the project. Hornby Zeller and Program staff has established a system for data collection for formative and summative evaluation for the project. The required participant outcomes data of people enrolled in the NDPP is being collected by the lifestyle coach and reported to the NDPP program coordinator for submission to CDC as required for program recognition. We have a Social Marketing training for the leadership team is scheduled on January 30, 2013. The training will include segmentation of primary and secondary audiences for the intervention. Secondary audiences including healthcare providers, employers, and family members. We developed this training and planning process to result in implementation of strategies and social marketing messages to change behaviors to increase the expansion of the program to the 60 plus communities in the area. Currently we have 4 program sites for the National Diabetes Prevention Programs. Two being held in Waterville and two in Augusta, both towns are in the Kennebec County. We have developed program recruitment and referral using the EMR in several primary care practices in the region, via the newspaper, radio and existing systems. We anticipate recruitment and expansion will change dramatically after the Social Marketing training and throughout the second quarter of the grant. The next steps planned are to distribute the National Diabetes screening tool throughout the regions and to establish more program delivery sites. We have scheuled two NDPP Lifestyle Coach trainings in the next two months to increase number of program delivery sites and number of programs offered in each community.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	YMCA Southcoast
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,064,531.00
8. Award Number:	1H75DP004296-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Since beginning in October 2012, the primary activities of the SouthCoast Healthy Housing and Workplace Initiative (SCHHWI), a project of Voices for a Healthy SouthCoast, have been to 1) announce the grant and inform key partners; 2) learn the reporting and tracking requirements from the CDC and submit revised budget, CTIP, and respond to the summary responses to our proposal; 3) recruit and hire personnel; 4) create more detailed evaluation plan with evaluators and begin to set up contract and 5) reach out to key stakeholders who will be close partners and seek commitments from behavioral health partners.</p> <p>In October, Voices for a Healthy SouthCoast had a press conference to announce the grant. Key local, state, and federal elected officials participated, as well as the executive director of the New Bedford Housing Authority. A young woman who is a resident of the New Bedford Housing Authority spoke about the importance of smoke-free housing for her children. This received good regional press coverage and was an important introduction for the community of the priority goal of reduced secondhand smoke exposure.</p> <p>YMCA SouthCoast, fiscal agent for this project, hired an Interim Project Director who had been involved with the grantwriting to get things started. She and the Principal Investigator participated in CDC webinars and set up the grant infrastructure.</p> <p>SCHHWI advertised and posted positions and the Interim Project Manager conducted interviews for the five full-time positions: Project Manager, Wellness Advisor, and three Wellness Educators to be based in the housing authorities in Fall River, New Bedford and Wareham. Working with the project Hiring Committee, SCHHWI hired a permanent Project Manager and Wellness Advisor by the end of December 2012.</p> <p>The Interim Project Manager and the lead of the project Evaluation Committee met with the evaluators, University of Massachusetts-Dartmouth Center for Policy Analysis (CFPA) to develop an evaluation plan. Over the course of November and December SCHHWI and CFPA revised the plan and agreed on a scope and are in the process of establishing a contract so that CFPA can begin to conduct surveys to establish a baseline.</p> <p>The SCHHWI Interim Director made presentations to key groups, such as the Worksite Health and Wellness Collaborative, and met with and/or reached out to most of the key partner groups: housing authorities, regional tobacco control staff, the Immigrants' Assistance Center, the Interchurch Council, the United Interfaith Action, and behavioral health potential partners. Seven Hills Behavioral Health committed to partner and establish a smoke-free campus.</p> <p>The Interim Director also drafted memoranda of agreement with most partners who will be sub-recipients, as well as the CDC 6 Elements for Contracting form and submitted these to the CDC for review, in preparation for executing these agreements in 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Benewah Medical Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$415,987.00
8. Award Number:	1H75DP004311-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Benewah Medical Center, owned and operated by the Coeur d'Alene Tribe was awarded the Community Transformation Grant for Small Communities to aid in implementing evidence-based infrastructure changes on the Coeur d'Alene Indian Reservation in order to improve overall community health by increased access to preventive care, reduced tobacco use, improved nutritional habits and increased physical activity. The proposed project, titled Preventing Health Issues Through Transformation (PHITT) will focus on assessing the needs of the community and identifying areas for improvement. Specific "Strategic Directions" of this project include: Tobacco Free Living, Active Living and Healthy Eating, and Healthy and Safe Physical Environments.</p> <p>The PHITT Project will focus on implementing evidence-based strategies to prevent and reduce tobacco use, improve quality of life and reduce obesity and related diseases by increasing the quantity and availability of nutritious food and increasing opportunities for physical activity.</p> <p>Benewah Medical Center was notified that they were awarded the Community Transformation Grant for Small Communities in October, 2012. The grantee has been working with the CDC Project Officer on grant requirement compliance as indicated in the Notice of Award, including revising the Community Transformation Implementation Plan (CTIP) and budget and proving a summary statement for weaknesses noted during the grant review process. The position for Project Coordinator has been advertised since November. Five interviews have been conducted so far and one more is scheduled to take place in January 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Idaho Assessment Team
2. Subaward Date:	September 29, 2012
3. Subaward Number:	1H75DP004311-01
4. PPHF Funding Amount:	\$61,021.00
5. Subaward Purpose:	The U of I Assessment Team has not started work on this project other than participating on the interview committee for the Project Coordinator. Once hired, the Project Coordinator will work with UI faculty on completing assessments in community and schools.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Institute for Public Health Innovation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,068,444.00
8. Award Number:	1H75DP004347-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in three strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the Institute for Public Health Innovation will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three "Strategic Directions:" active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environment.</p> <p>Since our Notice of Award was issued on September 25, 2012, we have completed the following:</p> <ul style="list-style-type: none"> • Worked with our Project Officer to finalize CTIP's • Worked with our Project Officer to submit a revised budget • Hired a full-time (FT) CTG Program Manager • Set a date for the first Leadership Team Meeting (January 22, 2013) • Began to identify and recruit potential technical assistance consultants • Participated in the following webinars: CDMIS 101 - What is The Chronic Disease MIS?: An Introduction Webinar 2; CDMIS 201- Less Talk, More Action Plans Webinar • Secured access to CDMIS and began to enter CTIP information • Developed internal work plan to map out next steps to begin implementation of strategies once approval was received from CDC • Began to recruit to fill Program Associate position for grant • Met with staff from Prince Georges County Health Department (the other CTG Small Communities Grant Program awardee) to discuss collaboration • Finance team commenced a capacity assessment focused on identifying needed systems enhancements to accommodate an increase in accounts payables and improved coordination with program team. The assessment will be completed by February 20, 2013, and will include specific recommendations on streamlining processes that will enable a faster closeout of monthly financial reports.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Healthy Acadia
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,335,314.00
8. Award Number:	1H75DP004350-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Healthy Acadia, University of New England, Washington County: One Community and Indian Township's Tribal Council are partnering as the Downeast Community Transformation Collaborative, a recipient of the US CDC's Community Transformation Grant-Small Communities Program. The evidence-based intervention plan (CTIP) supports community initiatives to reduce and control chronic diseases by promoting healthier lifestyles through policy, environmental, programmatic and infrastructure interventions for a population of 87,274 individuals living in two large rural Maine counties. Working with dozens of community partners, the Collaborative will target proven strategies that align with "Healthy People 2020" focus areas to promote healthy eating and physical activity, improve social and emotional wellness and provide access to quality preventive health services.</p> <p>Healthy eating initiatives include increasing access to healthy affordable, locally grown foods, increasing student access to Farm to School and increasing access to healthy foods among low-income families. Active living initiatives focus on increasing access to physical activity through establishment of safe routes to school and increasing access to physical activity in community spaces. Social & emotional well being initiatives include implementing comprehensive school health policies that will improve youth health, academic achievement, and resiliency. Access to quality preventive health service initiatives include increasing access to transportation, telemedicine and other linkages for high impact preventive services, as well as improving access to preventive dental services for school children.</p> <p>During this initial 3-month period since the award, our start up has involved clarifying, revising and finalizing the CTIP together with the CDC, and local and national evaluation partners. The start-up also included completing budget revisions for the grant requirements.</p> <p>The Collaborative partners have convened several times to develop specific plans to guide the objectives, refine the sub-award agreements, and engage the Leadership Team members to address the upcoming steps in the implementation process. A successful search resulted in hiring a Project Director to direct the overall operation of the CTG. Staff has attended webinars and reviewed TACTIC training materials specific to the CDMS and PPHF reporting. Investigations have been made to identify related strategies currently planned or being implemented by local partner organizations and/or the Maine CDC.</p> <p>Dental Access and Transportation Teams have convened and begun work. The Evaluation Team has been laying the groundwork to measure and report on the outcomes and impacts of the milestones and activities.</p> <p>Implementation of the CTIP will provide individuals across Hancock and Washington Counties with healthier environments and opportunities, thereby improving health and reducing chronic disease throughout the region.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Community Health Councils, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,883,885.00
8. Award Number:	1H75DP004354-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.737
11. Summary of Activities:	<p>"United for Health" is a collaboration between Community Health Councils (CHC) and 13 community partners to address and reduce significant racial and ethnic health disparities in the historical communities of Pacoima, Boyle Heights, Central Los Angeles, South Los Angeles, and Wilmington. The five communities were selected based upon disproportionately higher rates of racial and ethnic health disparities, inequitable access to preventative and health promoting resources and deficient living conditions when compared to other areas of the City of Los Angeles. CHC will address and impact these inequities by coordinating and leveraging the skills, expertise, existing resources, and community relationships of this multi-sector collaborative in the implementation of evidence and practice based activities under four strategic directions: 1. Tobacco-free living; 2. Healthy eating and active living; 3. High-impact clinical preventive services; and 4. Healthy and safe physical environments.</p> <p>The reporting period was dedicated primarily to the review and development of necessary internal and external program management systems, protocols, and final approval of partnership agreements, budgets and workplans. CHC worked closely with the CTG Program Officer and CTG Partners to revise and finalize the Community Transformation Implementation Plans and corresponding budgets which were submitted for review to the CDC on November 29, 2012. A kick-off meeting was held on October 4, 2012 with the CTG Partners to achieve clarity and understanding of the project; develop distinct partnership principles; and reach consensus on achievements for Grant Year 1 and 2. An ad-hoc committee was formed and convened on October 30, 2012 to develop a governance and committee structure with roles and responsibilities necessary to achieve project objectives. CHC hosted a one-day CTG Partners Strategic Planning Retreat on November 15, 2012 to finalize the governance structure and decision making process; strengthen the knowledge and understanding of the overall program strategies and outcome objectives; strengthen the plan through greater coordination and collaboration among partners geographically and across strategies, activities and the establishment of sub-committees; and identify major policy initiatives. The Assessment and Evaluation Committee met in December to review and revise the standardized community assessment tool. CHC staff have also actively identified and pursued the leveraging of resources and coordination among similarly aligned projects. This has led to \$250,000 in funding to expand Objective 3.1 to additional clinic sites.</p> <p>The Program Manager and key program staff have been hired, completed their orientation and are in place. CHC has reviewed and revised all internal policies to ensure contract compliance. A reporting and invoicing system has been established for CTG Partners and 9 out of 13 contract agreements have been finalized and initial payments released.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Communities for a Better Environment
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$165,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. Funds were also used to coordinate internal CBE planning discussions and engage with community members to explore different areas in Wilmington that best capture different criteria needed for creating a suitable study area such as areas with largest concentration of CBE members along with most challenging characteristics in regards to access to physical activity.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Esperanza Community Housing Corporation
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. In addition, the Esperanza CTG Team reviewed the targeted area and identified key community sites that will support mapping activities; initiated outreach efforts to families and FQHCs who will participate in the Healthy Homes initiative; and conducted initial research on the feasibility of including hospitals in the initiative.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Families in Good Health
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. In addition, staff participated in a teleconference with AHA to assess their interest in participating in the Chronic Disease Self Management Program (CDSMP).

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Jubilee Consortium
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2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$85,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. The project staff initiated outreach to community and faith based organizations to determine their interest and suitability for the project as well as local schools for possible support.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Los Angeles Community Action Network
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$130,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. Funds were also used to establish internal committees of staff and community members for each of the objectives that LA CAN is responsible for. These committees began initial outreach and orientation meetings with potential partners, particularly non-profit land owners that can provide space for community gardens and Farmer's Market operators and vendors. Lastly, LA CAN began the initial phases of broader community education and engagement, in preparation for the more intensive community education workshops in upcoming Quarters.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Pacoima Beautiful
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$165,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. The project staff also dedicated time to the review and selection of the site for the proposed garden.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Special Services for Groups (APIOPA)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. Funds have also been used to coordinate various activities including surveying stores/markets that have undergone conversion and finding alternative food sources to be utilized for the project.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	TRUST South Los Angeles
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$165,000.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. Funds were also used for engagement activities which included a kicked off with the completion of TRUST South LA's healthy food-mapping project that serves their most complete example of their Bike and Community walk mapping and engagement toolset. Using this toolset as an example, TRUST South LA has begun plans to develop their first map for this initiative, which will focus on Biker Safety and Rights/Laws.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Union de Vecinos
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004354-01
4. PPHF Funding Amount:	\$162,500.00
5. Subaward Purpose:	Funds were used for personnel costs including salaries, fringe benefits, and proportionate level of operating costs. Staff time was dedicated to start up activities including, but not limited to, recruitment of new staff positions, participation in the Leadership Council, participation in the CTG Partners Retreat, internal program development, preparation of revisions to the workplan, budget, scope of work and final agreement. Additionally, funds were used to support Community Educators in beginning the process of engaging community members to discuss the transformation of public space in two key neighborhoods. With the support of the Community Educators, members of the Boyle Heights community began the planning process for conversion of an alley into a child-friendly plaza. Additional gains were made in coordinating community events by engaging property owners to gain support for the utilization of vacant alleys for community market space.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Welborn Baptist Foundation, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,021,957.00
8. Award Number:	1H75DP004375-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	Welborn Baptist Foundation, Inc. received funds of \$46,131.51 from December 4, 2012 through December 31, 2012. These funds were for salaries and fringe benefits of the Community Transformation Team, including the Project Director, Sr. Program Coordinator, HEROES Program Director, HEROES Program Coordinator, Health and Nutrition Coordinator, Program Specialist, and accountant. This team began the implementation and reporting of the CTG grant September 30, 2012. No amounts were drawn down for subawards >\$25,000.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Quality Quest for Health of Illinois, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,404,708.00
8. Award Number:	1H75DP004385-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	Partnership for a Healthy Community: Peoria and Tazewell Counties of Illinois Community Transformation Project is a community-driven effort to improve health and wellness. This project includes 12 key initiatives: Worksite Wellness, Peoria South Side Community Wellness Action Plan, Tobacco Awareness Media Campaign, Smoke-Free Multi-Unit Housing, Schools with Green-Space Physical Activity, Minutes of School Physical Education Activity, Afterschool Physical Fitness Opportunities, Women-Infant-and-Children (WIC) Client Farmers Market Coupons, United States Preventive Services Task Force (USPSTF) Recommended Screenings, Providers Using Motivational Interviewing, Child Wellness Learning Collaborative, and Providers Screening for Adolescent Depression. During this period, we received our notification of award and worked with our CDC program manager and collaboration partners to address issues in our project plan and budget to maximize the effect of program funding. We submitted an updated budget, community transformation implementation plan (CTIP), and summary statement response to the CDC on November 28, 2012. We planned an official project kick-off with project team training and publicity for January 2013. We did not draw any funds to support these activities during this period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Indian Nation Council of Governments (INCOG)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$244,289.00
8. Award Number:	1H75DP004397-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	Under advisement of CDC Project Officer, CTIP was revised to reflect the new PPHF funding amount. New goals and objectives were identified for each sub-awardee and drafts of contracts were developed. Project manager was identified and involved in the CTIP revision. Revised job description for Project Manager and discussed timelines of activities. Preliminary identification of Leadership Team and timeline of activities. Developed marketing and communication strategy for Project 180. Staff attended all mandatory trainings offered by CDC.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Little Dixie Community Action Agency, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$512,520.00
8. Award Number:	1H75DP004443-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in three of five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Little Dixie Community Action Agency, Inc. will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three "Strategic Directions:" Tobacco Free Living, Active Living and Health Eating, and Increase Use of High-Impact Quality Clinical Preventive Services.</p> <p>The grant began October 1, 2012. Over the past three months the Program Director has worked to identify and hire three staff; two Outreach Specialists and a Nurse Educator. CTIP work plans were finalized as well as the completion of budget revisions, and responses to summary weakness/comments of the application identified by reviewers. Initial meetings with the leadership team and with program partners to further develop infrastructure were held. Little Dixie's Project CORE staff also attended four trainings with partners, four CTG webinars, and met with partners to determine needs. During this time Project CORE assisted with the organization of and provided staff assistance to two Great American Smoke-out events. These events were held in two of the counties served by the program. One business was provided information regarding tobacco and smoke-free initiatives, implementing healthy food and beverage initiatives, and physical activity. The program then provided one education presentation to this business and to its over 300 employees over the benefits of tobacco and smoke free environments, the importance of healthy eating, and physical activity. Finally, Project Core assisted many local agencies and Turning Point Coalitions with an upcoming conference to improve overall health and emotional wellness of young girls.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Linking the Parish Mobile Medical, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$366,075.00
8. Award Number:	1H75DP004448-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Health Hut Wellness Campaign (HHWC) will expand on the work of the Health Hut, to create a comprehensive community-based initiative focusing on multiple, best practice, health and wellness strategies to prevent weight-related chronic diseases prevalent in Lincoln Parish. The overarching purpose of the HHWC is to lower childhood and adult obesity, increase the levels of physical fitness and improve nutritional habits of the residents of Lincoln parish in an effort to prevent heart attacks, strokes, cancer, diabetes and other leading chronic disease-related causes of death and disability. This new HHWC initiative will use the existing connections that the Health Hut has already established to more actively integrate multiple levels of local parish organizations, including churches, small businesses, Lincoln Parish Schools, postsecondary institutions, nonprofits such as the Health Hut (lead applicant) and the Boys and Girls Clubs of North Central Louisiana, into a comprehensive program to improve the health of the underserved residents of Lincoln parish. The involvement of these community organizations, which operate in different parish populations, will serve to broaden participation beyond the current health hut patients and target population to include Lincoln Parish uninsured. In addition, the Health Hut Wellness Campaign Leadership Team / staff will assist in expanding policies related to wellness in each organization to sustain health related initiatives focusing on tobacco free living, healthy eating and active living. Specifically, the agency has selected several research-based, best-practice strategies designed to decrease tobacco use and increase the levels of physical activity and proper nutrition, and the use of high impact quality clinical and other preventive services for the intervention population. Additionally, these strategies, selected from the CDC's list of approved methods, are designed to decrease rates of obesity and weight-related health problems in the intervention population. Key selected strategies are designed to provide specific health improvements outlined in the Affordable Care Act, as well as to promote the overarching goals of the CDC program and the State of Louisiana's Community Transformation Grant Program. HHWC intends to implement strategies that will result in programs, policies and environmental improvements that will promote healthy lifestyles in the Lincoln Parish micropolitan community. The Executive Director, Program Director and the Administrative Assistant worked with our assigned program officer to revise the HHWC goals and objectives. We participated in conference calls and webinars and responded to issues identified in the summary statement including updated budget and sustainability plan. Coordinated correspondence to meet with partner agencies to setup a meeting to explain the overarching mission and vision of the project and submitted required reports.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dr. Larry Proctor
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004448-01
4. PPHF Funding Amount:	\$46,000.00
5. Subaward Purpose:	The purpose of this subaward is to provide overall management of the grant. The project director has been working to move the project forward by reviewing, revising and submitting CTIPs as requested. He has contacted and met with potential partner agencies to articulate the goals and objectives of the project. He participated in CDC convened webinars and conference calls for training and technical assistance, submitted performance monitoring and financial expenditure data to CDC. Worked with other organization to leverage additional funding to complement grant and collaborated with potential consultants and contractors.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kimberley Boddie-Proctor
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004448-01
4. PPHF Funding Amount:	\$12,500.00
5. Subaward Purpose:	The purpose of this subaward is to provide support to the daily operations of the project and to assist the project director as needed. The administrative assistant has attended all technical training and conference calls setup by CDC. The AA managed calendar of events, assisted with preparing documents and reports for the project, organized meetings and assisted with contacting partner agencies.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Maine Development Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,641,120.00
8. Award Number:	1H75DP004454-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737

11. Summary of Activities:	<p>The Maine Development Foundation's Maine Downtown Center ("Downtown Center") worked with MCD Public Health (MCDPH) to rapidly put the project in place. During the first 90 days, the two organizations worked to finalize the contract between the organizations, revise the project scope and budget, revised the summary statement and revised and refined the CTIPS. To put the necessary resources in place for successful completion of the project, the Downtown Center purchased new equipment (Lenovo laptop) and hired and equipped additional staff to provide outreach and technical support to the 20 downtown communities and core support for the project. This new person serves as the Downtown Center's Program Coordinator and is on contract. Weekly calls/meetings among staff and our team partners at MCD Public Health, have been held since November 2012. In addition, lead staff of the Maine Development Foundation/Downtown Center have participated in a total of three training webinars as required by CDC. MDF and MCDPH collaborated to recruit and orient the project Leadership Team, which met twice in the first quarter. MCDPH developed a Healthy Maine Streets slide pack for use in presentations to leadership team, potential partners and participants. Presentations on the project were done to the leadership team, every participating downtown organization and to the board of the Maine Health Access Foundation (complementary funder) during their annual meeting which was attended by 43 people representing 26 Healthy Maine Partnerships (HMP) from every part of the state. The HMPs represent local public health education/wellness infrastructure and will be key local partners to the Healthy Maine Streets. MDF worked with MCDPH to finalize model agreements for communities and explanatory materials for use in recruiting participating towns. The partners reached out and coordinated with other complementary projects to assure alignment, taking part in conference calls among all Maine CTG projects, and through communication with individual small community and statewide CTG projects. Both partners began to collect and organize resources for use in working with the town wellness committees, including links to state and local entities that can support small downtown community activity around various worksite wellness objectives.</p> <p>Press Rollout and Statewide Kick Off/Training: Two press announcements have been distributed widely to over 800 press and media contacts in the Downtown Center's media list, first announcing the grant award and summary of the Healthy Maine Streets program and secondly to announce the official kick off training and opening rally, which was held in downtown Augusta, Maine on January 16, 2013. This event was considered mandatory attendance by the local programs and all but two downtown teams were in attendance. (An early-morning storm moved in and roads were slow in one section of the state.) For this event, the Downtown Center created, compiled and distributed to all downtowns a bright green "HMS Essentials Notebook" and canvas tote bags both loaded with additional training materials, resources and ideas from a variety of public health organizations. The half-day agenda included introductions of the full Coordination Team, healthy food choices, a workplace "stretch and move" demonstration, breakout sessions, an orientation slide show in PowerPoint format to introduce the goals and mission of the program, and the full training slideshow created by MCDPH. This event included a news conference invitation and included 55 people representing 18 downtowns.</p> <p>Individual and group training and recruitment meetings have taken place statewide and conference calls have been held between lead staff at the Downtown Center and the local downtown organizations. Some of the local downtown wellness committees have already begun to meet and recruit local businesses.</p> <p>Internally, the Maine Development Foundation's Finance Director, Margo Beland, spent considerable time obtaining the draw down passcode, account numbers and instructions as how to transfer grant funds to the organization's checking account. Numerous calls and emails went back and forth from Maine to Virginia to George for nearly two weeks before it was resolved. We appear to be all set now and appreciate the guidance we have received from a few CDC staffers.</p> <p>We are tracking exactly as we expected to and have targeted February 28th as the date when all local trainings will be complete and a majority of the participating local businesses are on board and putting the program in place.</p>
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[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MCD Public Health
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$440,529.14
5. Subaward Purpose:	<p>MCD Public Health (MCDPH) worked as a partner with Maine Development Foundation (MDF) to rapidly put the project in place. During the first 90 days, MCDPH worked with MDF to finalize the contract between the organizations. MCDPH assisted with revisions to project scope and budget, and helped revise the summary statement and revise and refine the CTIPS. To put the necessary resources in place for successful completion of the project, MCDPH hired and equipped additional staff to provide outreach and technical support to the 20 downtown communities and core support for the project. Weekly calls/meetings among staff were initiated as soon as the programs staffed up. Laptops for Healthy Maine Street staff were purchased. Working from evaluation plan in proposal, analytic software was acquired, BRFSS data was mounted and hospital data request process was initiated. Tools and resources for conducting asset mapping were gathered.</p> <p>MDF and MCDPH collaborated to recruit and orient the project leadership team, which met twice in the first quarter. MCDPH developed a Healthy Maine Streets slide pack for use in presentations to leadership team, potential partners and participants. Presentations on the project were done to the leadership team; to the board of the Maine Health Access Foundation (complementary funder) and to 43 people representing 26 Healthy Maine Partnerships (HMP) from every part of the state. The HMPs represent local public health education/wellness infrastructure and will be key local partners to the Healthy Maine Streets.</p> <p>MCDPH worked with MDF to finalize model agreements for communities and explanatory materials for use in recruiting participating towns. The partners reached out and coordinated with other complementary projects to assure alignment, taking part in conference calls among all Maine CTG projects, and through communication with individual small community and statewide CTG projects. MCDPH began to collect and organize resources for use in working with the town wellness committees, including links to state and local entities that can support small downtown community activity around various worksite wellness objectives. MCDPH provides expertise on evidence-based practices, and on current projects and resources in the state of Maine. MCDPH began to develop and adapt tools used by public health programs for use by this community audience. In particular, we revised a tool kit on community-based worksite wellness that had been developed for HMPs to adapt the material for use by non-experts, in downtown development groups' wellness committees.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Main Street Bath
2. Subaward Date:	December 28, 2012

3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Our Town Belfast
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Heart of Biddeford
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Brunswick Downtown Association
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Gardiner Main Street
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Rockland Main Street, Inc.
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Saco Spirit
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Sanford Downtown Legacy
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Main Street Skowhegan
2. Subaward Date:	December 28, 2012

3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Waterville Main Street
2. Subaward Date:	December 28, 2012
3. Subaward Number:	1H75DP004454-01
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Initial funding to local downtown organization upon signing Letter of Agreement and organizing their local Wellness Committee

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	MaineHealth
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,425,220.00
8. Award Number:	1H75DP004456-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>MaineHealth, an integrated not-for-profit health care system serving 11 of Maine's 16 counties, was awarded for the implementation of the HOMEtowns Partnership project. This project was developed by a coalition of community partners in the seven counties that make up Maine's Western and Midcoast Public Health Districts. By implementing and evaluating a variety of evidence-based policy, environmental, programmatic, and infrastructure interventions in these counties, and conducting a Learning and Dissemination Collaborative, the HOMEtowns Partnership addresses four target outcomes: changes in weight, nutrition, physical activity, and tobacco use, with the overarching goals of reducing the prevalence of chronic disease, preventing secondary conditions, addressing health disparities and strengthening the effectiveness of prevention programs. Activities being undertaken by seven county teams that are coordinated and led by MaineHealth include tobacco cessation for youth (Lincoln County), tobacco cessation for adults (Androscoggin County), farm-to-institution interventions (Waldo County), pre-diabetes education and prevention (Knox County), increased access to Farmer's Markets for SNAP recipients (Sagadahoc County), development of 5210 Let's Go! out-of-school intervention (Androscoggin County), increased access to recreational opportunities (Franklin County), and the development of a "way-finding program" including maps, signage, websites, and a community awareness and education campaign (Oxford County).</p> <p>In the first three months of this project, the MaineHealth team has worked closely with the CDC, the project's evaluation team, and each of the seven county teams to refine project activities, establish baseline measurements and data collection processes, and establish legal contracts detailing scope of work and reporting requirements for each partner. Relationships with other Maine CTG grantees have been established and the full-time Program Manager and Administrative Coordinator positions for the project were filled. On December 13, 2012, MaineHealth hosted the HOMEtowns Partnership Kick-Off Meeting, gathering all engaged parties (including the project's Leadership Team). Project status, processes, evaluation and marketing plans and communication strategies were both shared with, and influenced by, partnership members at this meeting.</p> <p>The HOMEtowns Partnership project interfaces with and augments the Maine CDC's existing statewide CTG grant, as well as other Small Communities grants, through funding evidence-based interventions in small communities and rural regions. Dissemination of best practices will be accelerated regionally and nationally via a two-year Learning and Dissemination Collaborative to be kicked-off in March 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maine Medical Center/Let's Go! Program
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$161,592.80
5. Subaward Purpose:	<p>Let's Go! at Maine Medical Center has engaged in numerous planning activities including meeting with partners, staff recruiting and hiring, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>Provide resources and technical assistance for the development of 5210 Goes After School program and resources; enhancement of Let's Go! After School website pages and toolkit resources; production of Let's Go! materials and resources for participating After School programs; assistance to partners in development of 5210 materials for adults and caregivers; general assistance to partners pursuing Let's Go! related objectives and strategies.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Maine Community Health/Healthy Androscoggin
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$239,317.25

5. Subaward Purpose:	<p>Healthy Androscoggin has engaged in numerous planning activities including meeting with partners, staff recruiting, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 1.1 Increase the number of family practice, internal medicine and Federally Qualified Health Centers (FQHCs) within Androscoggin County that implement the CDC's Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update from 0 to 6 by September 29, 2014;</p> <p>AMO 2.1 Increase the number of after school organizations in Androscoggin County that increase opportunities for physical activity (by implementing 5210 Goes After School) from 5 to 15 by September 29, 2014; and</p> <p>AMO 3.1 Increase the number of after school organizations in Androscoggin County that increase opportunities for healthy eating (by implementing 5210 Goes After School) from 5 to 15 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 1: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to tobacco cessation and prevention services from 0 to 88,213 by September 29, 2014;</p> <p>PPO 2: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to physical activity opportunities from 0 to 147,911 by September 29, 2014; and</p> <p>PPO 3: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to environments with healthy food or beverage options from 0 to 153,384 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 1.1, AMO 2.1, AMO 3.1</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Healthy Community Coalition of Greater Franklin County
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$221,391.00
5. Subaward Purpose:	<p>Health Community Coalition of Greater Franklin County has engaged in numerous planning activities including meeting with partners, staff recruiting, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 2.2 Increase the number of organizations within Franklin County that provide no-cost or low-cost programming to youth residents from 2 to 4 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 2: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to physical activity opportunities from 0 to 147,911 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 2.2</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lincoln County Healthcare
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$185,712.09
5. Subaward Purpose:	<p>Lincoln County Healthcare has engaged in numerous planning activities including meeting with partners, staff recruiting and hiring, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 1.2 Increase the number of school and community settings within Lincoln County that implement tobacco prevention and control programs for youth from 0 to 5 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 1: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to tobacco cessation and prevention services from 0 to 88,213 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 1.2</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Western Maine Healthcare
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$181,795.20

5. Subaward Purpose:	<p>Western Maine Healthcare has engaged in numerous planning activities including meeting with partners, staff recruiting and hiring, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 2.3 Increase the number of communities in Oxford County with bicycle and pedestrian way-finding and awareness programs and Share the Road signage from 0 to 4 communities by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 2: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to physical activity opportunities from 0 to 147,911 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 2.3</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pen Bay Healthcare
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$168,530.00
5. Subaward Purpose:	<p>Pen Bay Healthcare has engaged in numerous planning activities including meeting with partners, staff recruiting, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 2.4 Increase the number of organizations in Knox County that actively promote the use of physical activity opportunities among employees and clients from 0 to 15 by September 29, 2014;</p> <p>AMO 3.4 Increase the number of organizations in Knox County that actively promote healthy food and beverage options among employees and clients from 0 to 15 by September 29, 2014;</p> <p>AMO 4.1 Increase the number of healthcare practices within Knox County that establish referral systems for at-risk patients to programs that meet the standards of the CDC's Diabetes Prevention Recognition Program from 0 to 5 by September 29, 2014; and</p> <p>AMO 4.2 Increase the number of healthcare practices within Knox County that establish referral systems to community prenatal resources from 0 to 1 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 2: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to physical activity opportunities from 0 to 147,911 by September 29, 2014; and</p> <p>PPO 3: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to environments with healthy food or beverage options from 0 to 153,384 by September 29, 2014.</p> <p>PPO 4: Increase the number of people at-risk for high blood pressure or high cholesterol within the 7-county HOMEtowns Partnership project area with increased access to high-impact quality clinical preventive services for healthy eating and active living from 0 to 120 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 2.4, AMO 3.4, AMO 4.1, AMO 4.2</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mid Coast Hospital
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$160,178.24
5. Subaward Purpose:	<p>Mid Coast Hospital has engaged in numerous planning activities including meeting with partners, staff recruiting, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s):</p> <p>AMO 3.3 Increase the number of Farmers Markets within Sagadahoc County that promote the purchase of fruits, vegetables and other healthy foods through incentives associated with food assistance programs (SNAP) from 0 to 3 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 3: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to environments with healthy food or beverage options from 0 to 153,384 by September 29, 2014.</p> <p>2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative.</p> <p>3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 3.3</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Waldo County Healthcare
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$155,897.51

5. Subaward Purpose:	<p>Waldo County Healthcare has engaged in numerous planning activities including meeting with partners, staff recruiting and hiring, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <ol style="list-style-type: none"> 1. Planning and implementation of activities, including but not limited to defined Milestones, under Annual/Multi-Year Objective(s): <p>AMO 3.2 Increase the number of organizations within Waldo County that have an established farm to institution program from 0 to 9 by September 29, 2014;</p> <p>as defined by the project's final Community Transformation Implementation Plan (CTIP), contributing to the achievement of Project Period Objective(s):</p> <p>PPO 3: Increase the number of people within the 7-county HOMEtowns Partnership project area with increased access to environments with healthy food or beverage options from 0 to 153,384 by September 29, 2014.</p> <ol style="list-style-type: none"> 2. Active participation in the HOMEtowns Partnership Learning and Dissemination Collaborative. 3. Guidance and mentorship to County Team(s) selecting the following Annual/Multi-Year Objectives as secondary strategies: AMO 3.2
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hart Consulting, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004456-01
4. PPHF Funding Amount:	\$240,000.00
5. Subaward Purpose:	<p>Hart Consulting has engaged in numerous planning activities including meeting with partners, staff recruiting and hiring, contract review and workplan revision, evaluation preparation and participation in the HOMEtowns Partnership Kick-Off Meeting. A contract was established between MaineHealth and this entity during this reporting period.</p> <p>Contracted Scope of Work includes:</p> <p>Planning, conducting, assessing and reporting of project evaluation data (execution of Evaluation Plan); support the development and facilitation of Dissemination Learning Collaborative; coordination with update of Community Health Needs Assessment/State Health Assessment.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	West Virginia University Research Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$377,796.00
8. Award Number:	1H75DP004484-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	Funding for this grant award had not been released as of December 31, 2012 so no funds have been expended. Activity for this grant program has consisted of conference calls with the assigned Project Officer, webinar attendance of staff, revision and submission of CTIP and Budget and development and submission of Summary Statement Response. Additionally planning conference calls and meetings of the WVU grant team have taken place and staff have started the required data entry into CDMS. The sub-contract agreement is current under development and is expected to be in place within the next couple of weeks, by January 31, 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Minneapolis Heart Institute Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$204,275.00
8. Award Number:	1H75DP004514-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Minneapolis Heart Institute Foundation (MHIF) received funds from the Centers for Disease Control and Prevention to implement the "Heart of Brown County." This project serves the approximate 25,893 residents of rural Brown County, Minnesota. This rural demographic faces significant health disparities, on both a state-wide and national level. Thirty- nine percent of adults are overweight while 28 percent are obese, 33 percent reported being diagnosed with hypertension, 32 percent with high cholesterol and eight percent with diabetes. Only thirty percent of respondents reported eating five or more servings of fruits or vegetables the day prior to the survey.</p> <p>To address the health disparity, MHIF will utilize two evidence-based strategies to improve health outcomes in four areas. First, the "Heart of Brown County" will address the CDC's Healthy and safe physical environment strategic direction by employing the "Educate communities about comprehensive approaches to improve community design to enhance walking and bicycling and active transportation" strategy. The objective is that by September 29, 2013, the city of New Ulm will understand the best practices related to street design and how their design impacts access to safe walking and biking opportunities and by September 29, 2014, Brown County will understand the same best practices and impacts. This will be achieved through various promotional activities and communication initiatives.</p> <p>Next, the "Heart of Brown County" will undertake the Active Living and Healthy Eating strategic direction by utilizing the "Increase accessibility, availability, affordability and identification of healthy foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts and restaurant initiatives" strategy by implementing the health communications campaign "SWAP It to Drop It". By September 29, 2014, nine convenience stores and four grocery stores throughout Brown County will participate in the Swap It to Drop It health communications campaign. This will assist in the identification of healthy foods at both convenience and grocery stores in a rural setting, and promote proper nutrition throughout the county.</p> <p>To date MHIF has worked with the CDC to finalized the Heart of Brown County Community Transformation Implementation Plans, recruited and met with two new Heart of Brown County steering committee members representing Brown County, met with contractors to discuss scope of work and deliverables and tracked earned media coverage of the award through press releases published in local newspapers and an article written by a columnist in the New Ulm Journal.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Allina Health
2. Subaward Date:	09/25/2012
3. Subaward Number:	004514SG12
4. PPHF Funding Amount:	\$93,757.00
5. Subaward Purpose:	Funds will be used to fund staff time for those staff assisting in the project as listed above.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Alfred I. DuPont Hospital For Children
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,692,291.00
8. Award Number:	1H75DP004542-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>CTIP revisions – Based on recommendations from the CDC, the PPOs and AMOs have been simplified. PPO and AMO revisions now focus on three areas: active living, nutrition, and social/emotional health. AMOs have been streamlined into SMART objectives that are measurable and achievable expectations for Nemours Health and Prevention Services (NHPS) and the school districts involved in the grant. PPOs and AMOs are now broader to give flexibility in the implementation of the grant activities. The PPO concerning infrastructure was changed to use the language provided by the CDC to all CTG recipients.</p> <p>Budget – There were minimal revisions to the budget. The first revision was to bring the budget into alignment with the grant application. The second revision was to move laptop computers needed to implement the grant from equipment to supplies. The contractor for the faith-based community integration was changed from DE Ecumenical Council to United Way of Delaware to avoid a potential conflict of interest.</p> <p>Leadership Team – The Leadership Team currently consists of 16 members, representing various private and public sectors throughout the State of Delaware. During December 2012, planning took place for the first leadership team meeting. The meeting is scheduled for January 17, 2013, and currently 12 of the 16 members have confirmed they will attend.</p> <p>Infrastructure Components – In November 2012, NHPS hired two new full-time associates: project lead and NHPS liaison. Project lead is responsible for overall management, coordination, planning, and implementation, and evaluation activities of the initiative, as well as handling federal reporting requirements. NHPS liaison will build relationships with local education authorities to assist them in assessing and making improvements to their local wellness policies, expand the composition of their district wellness councils, develop action plans, and reach out to area leaders in order to mobilize health and community resources to meet identified needs of the local education authorities.</p> <p>NHPS staff attended the required CDC trainings for CDMIS: CDMIS 101 and 201. NHPS has begun to populate CDMIS with CTG information.</p> <p>Evaluation - The evaluation team spoke with Kim Snyder from ICS International to discuss the evaluation plan. There have been no changes to the plan, and the team is waiting for final approval from the CDC. School Health Profiles already in the field and data is being collected. YRBS and DE School Surveys have been printed and are ready to be distributed. The composite scores for the wellness policies have been calculated based on the 2009 evaluation of the physical activity and nutrition components.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Ozarks Regional YMCA
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,319,403.00
8. Award Number:	1H75DP004545-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	No activities took place during the reporting period. Our agency's award included a restriction on salaries, preventing the launch of the project until the approved application adjustments go into effect in January of 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	County of Santa Clara
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,027,931.00
8. Award Number:	1H75DP004564-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The Santa Clara County Public Health Department (PHD) was awarded a two year \$1,027,900 CDC Community Transformation (CTG)-Small Communities Program Grant to focus on the prevention of chronic disease in South Santa Clara County (which includes Morgan Hill, San Martin and Gilroy).</p> <ul style="list-style-type: none"> • Extensive work was done to update the Community Transformation Implementation Plan (CTIP) based on CDC feedback and a community engagement process. The required revisions to the CTIPs and budget were approved in late November 2012. • Internal meetings were held to update PHD staff on the CTG grant and leverage additional resources for implementation. • PHD CTG staffing is now complete with the hiring of the Public Health Community Specialist and Health Care/Prevention Program Analyst. • CTG staff participated in all mandated meetings and online trainings including CDMIS. • The South Santa Clara County CTG Leadership Team has been formed; County Supervisor Wasserman sits as the elected official representing the County. Other elected and civic officials, school administrators, and community partners are on the team. • The CTG Program Director attended meetings of the South County Collaborative Nutrition and Health Committee, which serves as the Community Action Coalition, to provide updates on grant implementation and receive feedback and commitments to the partnership. • The CTG Program Director attended meetings with key stakeholders on CTG efforts, to obtain support, and leverage additional resources for project implementation. • Requests for proposals have been drafted for release in early January 2013. These include a Leadership Team Coordinator, an Evaluation Subcontractor, Healthy and Safe Parks Subcontractor (s), and Youth and Community Tobacco Subcontractor (s). • An internal PHD media plan has been drafted to connect messages on CTG activities and achievements to the community.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	St. Helena Hospital Clear Lake
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$497,076.00
8. Award Number:	1H75DP004574-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Activities for the reporting period, October through December 2012, focused on project start-up. St. Helena Hospital – Clear Lake Hospital convened a series of meetings with hospital administration, the project director and Gary Bess Associates, consultant on grant management. Meetings were a means to review grant award, grant requirements and discuss roles and responsibilities. This team also participated in CDCs initial grant award conference calls. All the project positions (contract and non-contract) were filled and began working immediately or within the first two months of start-up. The Leadership Team was convened and informed of project award requirements, as well as project goals and objectives. A monthly meeting schedule was developed and the Leadership Team has been following the schedule since October. Workgroups were identified as a means to move forward various aspects of the project, such as media/outreach and development of a protocol for trauma-informed best practices. The media/outreach workgroup has an action plan in progress. They have surveyed Leadership Team and other project partners for input regarding branding of the project's various aspects of messaging to the public and to Leadership Team organizations, their service recipients, and community stakeholders. Training needs have been discussed among the Leadership Team and two trainers on trauma-informed best practice have been identified. These activities contribute to building project infrastructure. It is anticipated that training needs will continue to unfold with project implementation. Another important accomplishment during this report period was completion of the CTIP (Community Transformation Implementation Plan) into a CDC- approved format. The Project Director, Evaluator and Gary Bess Associates worked with the CDC Project Officer to fine-tune various CTIP iterations to meet final approval. They and the project assistant also participated in the CDMIS webinar trainings. All necessary CDMIS data was entered into the electronic format by end of December. A formal launch of the project is planned for January in which the Leadership Team and all other project stakeholders will gather to continue building project momentum and collaboration. A solid foundation is being laid for successful project implementation.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	School Board of Miami-Dade County, FL
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,133,055.00
8. Award Number:	1H75DP004587-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Miami-Dade County Public Schools proposes to work with a Consortium of Community- Based Organizations from various sectors of Miami-Dade County to impact the prevalence chronic disease through policies, environmental, programmatic, and infrastructural changes. This will ensure increased nutritional and physical activity opportunities and education, leading to the achievement of healthy weight. Major partners include University of Miami WalkSafe™ and BikeSafe™ Programs, Alliance for a Healthier Generation, Miami-Dade County Parks, Recreation and Open Spaces Department, South Florida After-School All-Stars, Community Health Centers of South Florida, Inc., Urban Health Partnerships, Inc., and the Aventura Marketing Council Anchors Away Program. M-DCPS will provide the infrastructure and support needed to ensure as stipulated in the application guidelines, that all reporting of programmatic, financial, and management benchmarks, are successfully met in a timely manner.</p> <p>The target population for 305 – Play, Eat, Succeed, is composed of the 370,000 students (pre-kindergarten-12th grade) enrolled in M-DCPS. The proposed CTG project will emphasize programs for students with disabilities and children in the recently acquired Head Start Program. M-DCPS is a minority-majority district with more than 66% of the students identified as Hispanic and 24% as African-American. This population demonstrates disproportionate rates of obesity, cardiovascular disease and stroke.</p> <p>The goals of the M-DCPS CTG project are to improve nutritional habits, increase physical activity and achieve a healthy weight in order to manage the prevalence of childhood obesity among the target population. The specific aims of the proposed activity are: 1) to increase the percentage of students who consume fruit two or more times per day and vegetables three or more times per day; 2) to increase the percentage of students who engage in 60 minutes of daily physical education/physical activity; and 3) to increase the percentage of students who achieve or maintain a BMI measurement below the 95th percentile. The selected strategies and interventions are cohesive and will occur before, during, and after school.</p> <p>M-DCPS seeks to provide a healthy school environment through a shared vision with community partners who will participate in the M-DCPS District Wellness Advisory Committee to ensure changes are integrated into the District Wellness Policy impacting physical education, physical activity and nutrition. Successful implementation of the CTG project is inherent in existing efforts and county-wide support that has been received through the members of the Leadership Team, which is made up of positions required by the FOA.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Annabel Nunez-Gaunard
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H75DP004587-01
4. PPHF Funding Amount:	\$140,000.00
5. Subaward Purpose:	<p>Dr. Nunez-Gaunard will serve as the Program Manager with 100% effort for the 24 month period of this grant award program.</p> <p>4. Scope of Work: Dr. Nunez-Gaunard will be responsible for managing and planning, program implementation, and assist with data collection and program evaluation for the CTG project. She will be the direct connection to the community based partners and will assist with grant program compliance from both M-DCPS initiatives as well as community based partner initiatives on M-DCPS sites. Dr. Nunez-Gaunard will report directly to the M-DCPS Principal Investigator, and will be involved with all facets of the program. Dr. Nunez-Gaunard will also be working with the data collection procedures and protocols and will work directly with project statisticians.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Seattle Children's Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,658,205.00
8. Award Number:	1H75DP004595-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>In this time period, Seattle Children's Hospital conducted numerous activities in order to begin the work of our CTG.</p> <p>Administration: We acted swiftly, but judiciously, to hire well qualified staff for this project, including the program manager, fiscal and contracts officer and administrative assistant. Children's CTG staff and primary project partners from the Healthy King County Coalition and Public Health – Seattle & King County participated in a half-day retreat to cultivate our CTG relationship and to develop the project structure and overall workplan.</p> <p>Contracting: Representatives from the primary project partners held meetings with sole source sub-recipients and consultants working in the various targeted sectors (schools, hospitals, child care providers, local governments, housing providers and community organizations) to execute contracts and finalize scopes of work and budgets. Staff from Children's and Public Health also began to develop three requests for proposals, incorporating input from potential respondent organizations and communities, with targeted release in early 2013. As a result of these steps and feedback from CDC, we modified our CTIP to clarify the types of activities in which our partnership and grantees will be engaged and to ensure that these activities are adherent to federal law.</p> <p>Leadership: Children's CTG staff participated in a Healthy King County Coalition meeting and communicated to coalition members about the CTG project. Our Leadership Team held its first meeting and individual members created action plans for the initiative. Our Leadership Team includes representatives of organizations within our CTG Intervention Area, but generally not from organizations who are otherwise receiving CTG sub-recipient funds.</p> <p>Communications: The Children's CTG Communications Team publicly launched the initiative through a press release and finalized a high-level communications plan, which details objectives for the first and second quarters. The first quarter objectives were reached and as a result, the team provided effective communication about programmatic goals, expectations and next steps. Completed deliverables included a key messages document and PowerPoint presentation about the work of CTG and the potential impact for Intervention Area and all King County residents.</p> <p>Evaluation: The Seattle Children's CTG Evaluation Team met regularly and drafted an initiative-wide evaluation plan and process for developing and integrating project-specific evaluation plans.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Seattle King County
2. Subaward Date:	09/30/2012
3. Subaward Number:	1H75DP004595-01
4. PPHF Funding Amount:	\$577,571.00
5. Subaward Purpose:	In consultation with Seattle Children's CTG staff, the subrecipient developed a scope of work and workplan with evaluation components. Subrecipient also met with community partners to develop workplans in each sector.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Washington
2. Subaward Date:	12/15/2012
3. Subaward Number:	1H75DP004595-01
4. PPHF Funding Amount:	\$96,680.00
5. Subaward Purpose:	In consultation with Seattle Children's and Public Health - Seattle & King County CTG staff, the subrecipient developed a scope of work and workplan with evaluation components. Subrecipient also met with community partners to develop workplans in each sector.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Highline Public Schools
2. Subaward Date:	12/15/12
3. Subaward Number:	1H75DP004595-01
4. PPHF Funding Amount:	\$18,000.00
5. Subaward Purpose:	In consultation with Seattle Children's and Public Health - Seattle & King County CTG staff, the subrecipient developed a scope of work and workplan with evaluation components. Subrecipient also met with community partners to develop workplans in each sector.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Comprehensive Health Education Foundation
2. Subaward Date:	12/15/2012
3. Subaward Number:	1H75DP004595-01
4. PPHF Funding Amount:	\$81,000.00
5. Subaward Purpose:	In consultation with Seattle Children's and Public Health - Seattle & King County CTG staff, the subrecipient developed a scope of work and workplan with evaluation components. Subrecipient also met with community partners to develop workplans in each sector.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington State Department of Agriculture
2. Subaward Date:	12/15/12
3. Subaward Number:	1H75DP004595-01
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	In consultation with Seattle Children's and Public Health - Seattle & King County CTG staff, the subrecipient developed a scope of work and workplan with evaluation components. Subrecipient also met with community partners to develop workplans in each sector.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Northeast Oregon Network
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$572,776.00
8. Award Number:	1H75DP004596-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Description of Award: The project's main objective is to, by September 29, 2014, increase the number of people covered by systems or opportunities that support control of high blood pressure and high cholesterol from 106 to 22,558. This objective strives to support the widespread implementation of the following evidence based chronic disease prevention and management strategies: the Agency for Health Care Research and Quality Pathways Community Hub model, the Stanford Chronic Disease Management model, and the national Head Start What to Do for Health self-management series model. This objective will be achieved by working with partners who have requested our assistance to develop population-based systems and policies that support the implementation of these practices in their organizations.</p> <p>Activities Undertaken by Multi Year Objective:</p> <p>I. By September 29, 2014, increase the number of partners implementing the Community Hub system for chronic Disease prevention and management from 0-15. Eight organizations have committed to providing staff to the leadership team. Seven of these organizations are in the process of negotiating completed Community Hub Participant agreements that outline the data collection and staffing commitments of the organizations to the project. We have negotiated a contract with the Hub Consultant and have had 3 meetings with her and scheduled her first 3 day onsite visit for February. We have drafted a leadership team charter that will be finalized in January, 2013. We have had 10 meetings with nine different community partners regarding start up of the project.</p> <p>II. By September 29, 2014, increase the number of people with access to Certified Community Health Workers from 0-5,000. We have finalized the training and certification model according to the draft state standards. We have begun to identify local "experts" who will be used in the community based train the trainer models. The first training dates for the train the trainer model have been set for March, and we have begun the marketing process to recruit appropriate staff from the partner organizations for the CHW certification.</p> <p>III. By September 29, 2014, increase the number of partners who integrate the Stanford Chronic Disease Self Management model into their standard practice from 1-10. One primary care home site has completed its first workshop. A second and third workshop are currently being planned with three new community partners, and we are conducting outreach for those workshops on behalf of the Living Well regional network.</p> <p>IV. By September 29, 2014, increase the number of partners integrating the evidence based Self Health Management curriculum model "What to Do for Health "series into their programs from 1-20. One partner has signed a "What to Do for Health" agreement. 2,100 books and 40 train the trainer manuals have been ordered. We have set the data collection fields for this element and created data collection instruments.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Tanner Medical Center, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,219,468.00
8. Award Number:	1H75DP004602-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of the Community Transformation Grants (CTG) program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Tanner Medical Center, Inc. will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed below to achieve the intended outcomes. This award specifically addresses the following four "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environments.</p> <p>As a newly awarded CTG grantee, during the current reporting period Tanner Medical Center, Inc. has undertaken efforts to establish the necessary infrastructure to effectively implement CTG project activities. Tanner selected interim CTG staff to fill the personnel positions to carry out the day-to-day planning and operational activities of the CTG program. CTG leadership team members were identified, consisting of a selection of multi-sector individuals who as a result of their experience and positions within key organizations demonstrate a commitment to advancing community health. A comprehensive evaluation design was developed to provide ongoing performance and outcome monitoring related to CTG implementation activities. Additional community partners were identified throughout the intervention population to further the impact and reach of CTG project activities. Implementation of project activities to date include the promotion of the Get Healthy West Georgia (GHWG) initiative at various community events, a health assessment of GHWG website participants and the initial planning and development of a community-wide weight loss challenge to begin in January. Other infrastructure components executed over the current reporting period include collaboration with the CDC's CTG project staff to revise and finalize the CTIP (work plan) and budget, ensuring compliance with the CTG program goals and objectives. Tanner is awaiting final approval of its CTIP and CTG budget from the CDC to further implement CTG strategies.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	County of Sonoma
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,517,360.00
8. Award Number:	1H75DP004611-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and, supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Sonoma County will implement policy, environmental, programmatic, and infrastructure changes described in four strategic directions to achieve the intended outcomes.</p> <p>During the initial report period, the CTG Management team worked closely with our Project Officer to finalize the Community Transformation Implementation Plans. The program detail a comprehensive set of strategies that will be implemented to addresses the following four CTG Strategic Directions: tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environment. In anticipation of formal CTIP and budget approval (received on January 14, 2013) the sub-contracting process was initiated with partner agencies. Requests for Proposals were also developed and released for school based physical activity and healthy eating efforts; media/social marketing; and, evaluation components. Subcontracts will be awarded as early as January 2012. Recruitment and interviews were completed for proposed CTG staff positions. Hiring is expected to be complete by January 30, 2013. The CTG leadership team had its first meeting at which it reviewed and provided input on the proposed CTIPs and worked to clarify its role in the CTG initiative. Presentations to the Sonoma County Health Action Council and CTG partners were made to show how CTG strategies link/align with priority health needs and objectives identified in Health Action Goals, the County Strategic Plan, the local Food Action Plan, and other local health initiatives. Talking points and adaptable presentations on CTG and its major strategies were developed and made available to staff and partners to share with interested stakeholders. Staff met with all local delivery hospital administrators to begin work on the Baby Friendly Hospitals initiative; and the local Food Alliance was convened to begin engagement of food aggregation center and incubation farm partners. Staff participated in CDC sponsored webinars and conference calls related to CDMIS, reporting and grant management.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Prince George's County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,639,382.00
8. Award Number:	1H75DP004618-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities in a community with less than 500,000 people by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, (Name of awardee) will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following four "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, social and emotional wellness, and healthy and safe physical environment.</p> <p>During the reporting period the PGCHD:</p> <ol style="list-style-type: none"> 1. Development and Approval of CTIP - In late November 2012, the PCGHD finalized the development of and received approval for their Community Transformation Plan (CTIP). Efforts were initiated to input the CTIP into the Chronic Disease Management Information System. 2. Revision of CTG Operational Budget - The original CTG program/operational budget was revised to align the approved Project Period Objectives and activities as stated in the CTIP. 3. Training - In November and December 2012, the staff participated in CDC sponsored webinar trainings, including CDMIS 101: What is the Chronic Disease MIS: An Introduction and CDMIS 201: Less Talk, More Action Plans. 4. Staffing - Efforts were initiated to fill several staff vacancies. In December 2012, the Project Manager and Administrative Assistant positions were filled. The identification and selection process for the remaining vacancies are expected to be completed during the next reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Pioneer Valley Planning Commission
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,993,443.00
8. Award Number:	1H75DP004641-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>The purpose of the LiveWell Springfield, small community transformation project, is to assist this "small" community (population 153,060) by 1) building capacity to implement broad evidence and practice-based environmental, programmatic and infrastructure changes, as appropriate, and 2) supporting implementation of such interventions in three strategic areas ("Strategic Directions") aligning with "Healthy People 2000" focus areas and achieving demonstrated progress in the following three performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, and 3) changes in physical activity, as well as other program-specific measures. In order to achieve this, the Pioneer Valley Planning Commission, in collaboration with our public, private and not for profit partners in the city of Springfield, will implement environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following two "Strategic Directions:" active living and healthy eating and healthy and safe physical environment.</p> <p>This new funding is providing resources for non-public health stakeholders--planners and economic development partners, as well as community-based organizations (CBOs) serving minority and disadvantaged communities, to join the effort of transforming Springfield to be designed and built so the healthy option, such as walking and biking to school or work, and eating fresh produce, is the easier option for everyone in the city.</p> <p>Strategies include the expansion of the Live Well Springfield: Go Fresh Mobile Farmer's Market; rowing on the Connecticut River and in city schools and bicycling programs on the CT Riverwalk and Bikeway; continuation of work to bring a full line grocery store to Mason Square on State Street; and assessment and infrastructure work to enhance pedestrian and bicycle amenities throughout the city including development of a city bike/ped plan.</p> <p>Work in the first quarter included finalizing the CTIP and the budget as well as building and fortifying collaborative relationships among and between local and regional public, private and not for profit organizations working to improve residents health in Springfield.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Project Vida
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$318,135.00
8. Award Number:	1H75DP004642-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.737
11. Summary of Activities:	<p>Grant was awarded on September 30, 2012</p> <p>Meetings throughout September and October 2012 to discuss the internal changes required to implement the grant objectives.</p> <p>The initial meeting finalized the grant budget for the project period, which included costs for personnel, office supplies, travel, office space, and other miscellaneous items.</p> <p>Four computer workstations—two laptops and two desktop computers—were purchased to support program activities. A projector and printer were also acquired.</p> <p>Miscellaneous cost included the procurement of cell phones and additional landlines for the Small Communities office</p> <p>Executive meetings were held to develop the job descriptions for the Project Manager, Program Assistant, and Community Health Worker. An external program evaluation consultant was contracted.</p> <p>Meetings were also held to modify CTIPS per CDC feedback. The CTIPS were revised several times on the request of CDC Program Specialists. Based on the need of the El Paso's surrounding communities, the meetings also solidified the selection of the target areas. A portion of the CTIPS was entered into CDMIS. Several telephone conference calls were held with CDC Program Specialist to receive information and direction on how to proceed with CTIPS, datelines regarding report due dates, and to schedule monthly calls.</p> <p>The Small Communities staff has completed the mandatory training. Small Communities staff has participated in webinars, offered by other agencies, to learn about strategies and tools to implement the project's milestones. Online research for information and toolkits has been conducted mainly through the CDC website resources.</p> <p>Small Communities staff has begun inventorying services currently within the target areas as well as seeking possible partnerships with local businesses and communities agencies during November and December 2012. They have also begun to establish collaborations with different coalitions who are currently providing services within the target areas.</p> <p>The leadership team also formally notified organizations who had previously indicated their interest to participant on the leadership team. This meeting is scheduled to be held on January 15, 2013 at the Project Vida administration building.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	Tohono O'odham Community Action (TOCA)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1H75DP004651-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	<p>PROGRAM INFRASTRUCTURE ACTIVITIES: Maintaining staffing to support start-up of the grant program including recipient organization leadership; Managing the planning, implementation, monitoring, and reporting of the program; Identifying full-time staff and individuals in administrative and fiscal management; Retaining existing staff required to ensure effective implementation; Retaining consultants; Participating in CDC convened webinars, meetings and trainings.</p> <p>FISCAL ALIGNMENT AND MANAGEMENT ACTIVITIES: Ensuring that expenditures align with the goals of the initiative; Tracking funds using fiscal management procedures; Complying with federal rules and regulations; Estimating cost per expected beneficiary; Implementing reporting systems to meet the online reporting criteria; Capturing and reporting information about leveraged funds; Developing a sustainability plan.</p> <p>CROSS-SECTOR ENGAGEMENT & LEADERSHIP TEAM ACTIVITIES: Providing evidence of multi-sector Leadership Team membership; Working with cross-sector coalitions; Networking in areas such as planning, education, public health, and agriculture; Including representatives from the intervention population; - Linking with other national, state, local, or tribal efforts; Maintaining partnerships and building on existing place-based efforts for revitalization projects.</p> <p>STRATEGY SELECTION AND COMMUNITY TRANSFORMATION IMPLEMENTATION PLAN (CTIP): Selecting evidence-based strategies to increase Healthy Eating and Active Living; Submitting revisions to 2-year CTIP using recommendations from the application review process and input from CDC project officer and CDC assessment personnel; Updating a community health assessment; Identifying any known barriers and appropriate strategies needed for overcoming these barriers; Coordinating with existing place-based revitalization projects funded.</p> <p>PERFORMANCE MONITORING AND EVALUATION: Submitting evaluation plan timeline; Assessing the health impact of the program on the intervention population; Monitoring of the impact of the programs; Identifying specific data sources to assess program outcomes; Establishing activities to measure changes; Identifying measurable relationships between proposed activities and CTIP objectives; Using performance monitoring data for ongoing program improvement and midcourse corrections; Submitting quarterly CTIP progress, performance monitoring, and financial expenditure data.</p> <p>PARTICIPATION IN PROGRAMMATIC SUPPORT ACTIVITIES: Promoting learning opportunities to the local team, staff, and key partners; In CDC webinars, trainings and conferences; Connecting to peer communities; Participating with CDC staff on national program; Identifying training for the leadership team; Ensuring training on appropriate use of federal funds; Identifying technical assistance needs; Providing information on successful initiatives.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	American Lung Association
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$800,000.00
8. Award Number:	1U58DP003755-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The American Lung Association will prevent and reduce tobacco use by bringing evidence-based tobacco control strategies to states and communities across the United States, with a particular emphasis on rural and underserved communities and disproportionately affected populations. These strategies include reducing exposure to secondhand smoke, preventing and reducing tobacco use among youth and adults and increasing the number and type of indoor and outdoor venues where tobacco use is prohibited. The American Lung Association (ALA) will work with its ten regional affiliates to bring appropriate training, technical assistance, and resources to 11 selected communities nationwide.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Alaska(ALAA)
2. Subaward Date:	08/22/2012
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	The ALAA will conduct partnership meetings and key informant interviews in Barrow and Point Hope, Alaska. The partner meetings will help to bring more diverse partners to the leadership council. The key informant interviews will help them to identify tobacco health education needs and identify future leadership in Barrow and Point Hope. The ALA will also conduct a strategic planning meeting that will be held with representatives (staff and current leadership council) from ALAA, the State of Alaska and the American Cancer Society to plan next steps for providing resources to the identified communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Arizona
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in Arizona is working with organizations and residents representing seniors and low-income and disabled individuals residing in multi-unit housing in Maricopa County to reduce exposure to secondhand smoke.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Indiana (ALAIN)
2. Subaward Date:	08/22/2012
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	The ALAIN is working with coalition partners to assess the support and barriers for worksites to protect employees from exposure to secondhand smoke. Once that data is gathered, resources and tools to address barriers will be provided along with support and guidance from ALAIN staff and coalition partners. The ALAIN will produce the results of the scan and share it with the coalition and key community stakeholders. Target issues and key populations will be identified by the ALAIN and the coalition that will be addressed through capacity building training.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Kansas (ALAK)
2. Subaward Date:	08/22/2012
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	ALAK is partnering with Tobacco Free Wichita Coalition to build capacity that will spearhead the efforts and determine next steps for smokefree housing in Wichita, Kansas. The ALAK will organize the creation of a Community Leadership Team, and convene stakeholders for a strategic planning and partnership development meeting. The goal of the stakeholder meeting is to bring together key individuals and tobacco control partners of Wichita to assess the plan created in 2009 and to develop strategies and a plan for moving forward to reduce the level of smoke exposure in multi-unit housing.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Maine
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in Maine is working in partnership with tribal communities in Maine to reduce tobacco use and exposure to secondhand smoke.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Nevada
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in Nevada is addressing the need to increase the number of smokefree workplaces in the city of Mesquite.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in New Jersey (ALANJ)
2. Subaward Date:	08/22/2012
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	The ALANJ will utilize the recently completed Somerset County Health Assessment to create a strategic plan for Somerset County in New Jersey. They will take the following steps to complete this plan: broaden the stakeholder coalition representing a diverse group of tobacco control supporters in Somerset County; conduct an assessment of the tobacco control environment in Somerset County to include schools, the workplace, public parks, sports facilities, hospitals, college campuses and other areas in the county where smoking is allowed in public places; draft a strategic plan based on past and present feedback and information to include pricing strategies, comprehensive clean indoor air, tobacco free areas in the community, and quitline/cessation services; distribute the final plan countywide; develop follow up mechanisms to ensure an annual review is conducted and outcome updates in all recommended goal areas are reported.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in New York
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in New York is working to increase the availability of smokefree housing in the South Bronx.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Texas (ALAT)
2. Subaward Date:	08/22/2012
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	The ALAT will conduct a community-based stakeholder meeting to bring together the ALAT volunteers and board members, the San Antonio Tobacco Prevention and Control Coalition (SATPCC) partners, the Smoke Free Texas Coalition, and local communities who express a desire to achieve health equity for their constituents by eliminating exposure to secondhand smoke. The stakeholders will use the findings from the community based needs assessment to begin planning the next year of activities, and ensure everyone is working together toward a common goal of a healthier and smokefree San Antonio. The ALAT and SATPCC will collect and review data from many sources to define the community's tobacco-related problems, including identifying current and needed resources. The ALAT, SATPCC and community stakeholders will create logic models and select evidence-based programs and practices linked to each goal.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Virginia
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in Virginia is engaging residents in southwest Virginia to promote tobacco-free school environments, which include all school property and all off-campus school-sponsored events.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Wisconsin
2. Subaward Date:	09/30/12
3. Subaward Number:	1U58DP003755-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	American Lung Association in Wisconsin is coordinating with organizations and residents to tackle the serious health consequences of tobacco use and daily exposure to second-hand smoke for residents of multi-unit housing, particularly low-income Milwaukee residents who require subsidized housing.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	1U58DP003758-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>During the reporting period, APPEAL worked to establish five community infrastructure components that are namely, (1) funding for at least 4 local regions; (2) development of effective vehicles for disseminating CTG strategies; (3) development of community competent communication opportunities; (4) establishment of partnerships with multi-sector stakeholders; and (5) effective evaluation of the project. First, APPEAL funded five partners in Ohio, Texas, California, and Hawaii. APPEAL effectively funded, managed and provided culturally-tailored technical assistance to all partners through monthly phone conferences and a stakeholders TA meeting. Second, APPEAL collaborated with Partners and multi-sector subcommittee members in analyzing, gathering and synthesizing culturally relevant evidence-based and practice-based strategies and increasing the number of vehicles for sharing this information. After identifying evidence and practice-based strategies that are effective with AA and NHPI communities through a systematic literature review and consultation with APPEAL's multi-sector subcommittee members, presentation slide templates, fact sheet templates, and a draft of a healthy eating resource inventory were developed. Third, APPEAL worked on increasing the number of communication opportunities through the use of social media, e-newsletters, listserv, web page, webinars, as well as technical assistance calls and meeting. APPEAL issued e-newsletters and amplified CTG strategies and any CTG success stories to our audience through Facebook, listserves and website. We hosted webinars for partners and network members, and disseminated CTG strategies through our stakeholders technical assistance meeting. Through these communication opportunities, strategies relating to tobacco control and HEAL were disseminated across various regions nationwide to the general population, multi-sector partners, as well as decision makers/policy makers. Fourth, through the implementation of our national and local work plans and the engagement of our partners and subcommittee members, APPEAL and our Affiliate Partners reached multi-sector partners through various regions that included school officials, urban farm institutions, restaurant owners, food banks, faith-based institutions, dietetic associations, healthcare industry, local community foundations, business sectors, cultural/ethnic organizations, cultural arts organizations, academic institutions, student leaders, and apartment owners. Various CTG strategies related to tobacco control, HEAL were disseminated. Finally, APPEAL worked with our evaluation consultant in developing an online evaluation tool, as well as completing the evaluation framework for the five year project.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	National Racial and Ethnic Approaches to Community Health (REACH) Coalition Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$900,000.00
8. Award Number:	1U58DP003778-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The purpose of this award is to support the efforts of the Community Transformation Grant (CTG) program by funding a national network of community-based organizations, to support, disseminate and amplify successful program models and activities as prescribed under statutory authority [section 4201 (c) (5) of ACA]. Activities for this award fall within the category of using national networks to disseminate CTG strategies and leverage existing resources. In order to achieve this, the National REACH Coalition (NRC) will specifically address the following three Strategic Directions: tobacco-free living, active living and healthy eating, and high impact evidence-based clinical and other preventive service. This award supports the dissemination and spread of the CTG program. NRC funded eight communities with the highest burden of disease to implement CTG strategies. NRC provided technical assistance to the sub-recipients on developing multi-sectoral teams, completing community health assessments, and creating action plans through monthly calls, establishment of peer teams, conducting site visits, and leading sessions at workshops/conferences. One of the NRC's most successful accomplishment was the hosting of a Technical Assistance Workshop, which all CTG sub-recipients attended. The Technical Assistance Workshop offered several sessions to further develop the sub-recipient work-plans, and create peer relationships through the sharing of community profiles, learning circles, plenaries, and panel discussions. During the reporting period, NRC also conducted monthly Technical Assistance calls. Staff members were able to provide individualized training and assistance on building leadership teams, developing work-plans, and creating implementation plans. The NRC team has also completed five site visits during the reporting period, including trips to New Hampshire Minority Health Coalition, Asian Pacific American Community Network, Mariposa Community Health Center, Northwest Indian College, and the Inter-Tribal Council of Michigan. The visits focused on building relationships, meeting the leadership team members, providing in-person technical assistance, and participating in community events. NRC's quarterly newsletter, launched in June, features updates and articles provided by the NRC-CTG sub-recipients. The newsletter will continue to be used as a means for disseminating program and sub-recipient successes. The newsletter is widely distributed to the NRC's network, partners, and affiliates. NRC also established its website which also serves as a means to disseminate CTG program progress and sub-recipient successes. The website will also house resources recommended by the TA Advisory Committee.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Asian Pacific American Community Network
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Asian Pacific American Community Network (APA) was funded by the NRC to increase access to physical activity for Asian American Pacific Islanders in North Minneapolis. APA's main objectives are to increase physical activity opportunities through joint-use agreements with local schools and businesses, as well as improving community safety mechanisms. During the reporting period, APA's Leadership Team developed maps identifying neighborhoods with highest concentration of Asian American/Pacific Islanders in North Minneapolis using the geographic information system (GIS). The GIS map will be used to develop approaches to improve community safety. In addition, the Leadership Team partnered with the Police Department to develop materials for community residents to utilize for increased communication with law enforcement. APA's Leadership Team is also identifying facilities in North Minneapolis that offer physical activity opportunities. The Leadership Team engaged administrators at 1 community school serving the largest population of Asian American Pacific Islander students in North Minneapolis area to educate on the Bi-Cultural Healthy Living concept and the benefit of increased physical activity with a goal of establishing a joint use agreement for after school activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Coffee, Caffe, and Associates
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Coffee, Caffe, and Associates (CCA) are funded through the NRC's CTG program to increase access to smoke-free environments in the African American community living in Hattiesburg, Mississippi. CCA aims to create and support smoke-free environments in universities, colleges, local churches, and multi-unit dwellings. In addition, CCA's focus includes creating awareness through providing education to African Americans in Hattiesburg, MS on the effects of mentholated cigarettes. Their objectives also includes increasing infrastructure components that support the development and implementation of tobacco-free initiatives. During the reporting period, CCA's leadership team successfully partnered with local non-profits, hospitals, and jails to increase awareness of the benefits of smoke-free environments. The leadership team also started to establish relationships with universities and colleges. In addition, two local churches have committed to become Tobacco-Free Holy Grounds.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Inter-Tribal Council of Michigan
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Inter-Tribal Council of Michigan's (ITCM) strategic interventions are focused on healthy eating. ITCM's Noonaawaasaang project objective is to increase the number of tribal community members with access to environments that support breastfeeding behaviors among 12 tribal communities in Michigan. In addition, ITCM's leadership team aims to increase infrastructure components that support the development and adoption of a workplace policy that supports breastfeeding. During the reporting period, ITCM established a multi-sectoral community leadership team (CLT) with representation from several tribes, including Healthy-Start Nurses and the Michigan Public Health Institute (MPHI). ITCM's leadership team worked with the Saginaw Chippewa Tribe (SCT) and the Huron Potawatomi Tribe (HPT), two tribes that have existing workplace breastfeeding policies. In addition to meetings with key partners, the CLT started to develop a policy impact assessment and breastfeeding toolkit that will be disseminated to all 12 tribes. Baseline data collected will determine the number of worksites in each tribe, the number of employees in each worksite, and the status of worksite support for breastfeeding.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mariposa Community Health Center
2. Subaward Date:	09/07/2012

3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Mariposa Community Health Center's (MCHC) strategic direction for the NRC-CTG grant is healthy eating and active living. MCHC's objective for this grant includes increasing equitable access to fresh foods for low-income Hispanic residents living in downtown Nogales, Arizona. MCHC's focus includes increasing infrastructure components that support the development and implementation of a farmer's market in downtown Nogales. During the reporting period MCHC's leadership team held planning meetings with community residents, vendors and growers and identified existing resources and needs for the development of the farmer's market. Members of the leadership team participated in delivering nutrition classes for adults and children at the Mariposa Family Learning Center. Partnerships and collaborations have also been made with local growers, vendors, and schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Medical University of South Carolina
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Medical University of South Carolina's (MUSC) strategic direction for the NRC-CTG grant is implementing High Impact Evidence-Based Clinical Services related to control of high blood pressure and cholesterol. MUSC's objectives includes increasing the number of African Americans in Georgetown, South Carolina with access to systems that will support them in attaining hypertension prevention. MUSC's community leadership team (CLT) aim to increase access to hypertension prevention by training primary care and community care champions, offering education and outreach in community settings including worksites and churches. During the reporting period, MUSC successfully established a multi-sectoral leadership team that includes members from the community, faith-based institutions, and primary care providers. In addition, MUSC has partnered with the REACH Stroke program, Georgetown Memorial, and St. James -Santee, a federally qualified health center, to provide education to African Americans in Georgetown, South Carolina on High Blood Pressure. The CLT also started training primary care champions and community care champions to increase awareness of the benefits of improved management of high blood pressure among African Americans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	New Hampshire Minority Health Coalition
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	New Hampshire Minority Health Coalition's (NHMHC) intervention is to increase access to High Impact Evidenced-based Clinical and other Preventative Services. NHMHC's objectives include increasing the number of African Americans and Latinos served by Community Health Centers in Hillsborough County, New Hampshire who have access to community and clinic systems to aid in the improvement of high cholesterol, diabetes and hypertension disease self-management. In addition, NHMHC also aims to increase infrastructure components that support the development and implementation of evidence based practices for chronic disease prevention. During the reporting period, NHMHC's leadership team successfully conducted outreach and education activities with community residents and healthcare providers via screenings of Unnatural Causes: Place Matters. In addition, the leadership team also established a referral prompt which has been added to electronic records for the Chronic Disease Self Management program at the Manchester Community Health Center.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Northwest Indian College
2. Subaward Date:	09/07/2012
3. Subaward Number:	CTG
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	Northwest Indian College's (NWIC) strategic direction for the NRC-CTG grant is healthy eating. Their objectives for this grant include increasing access to environments with healthy food options for the Muckleshoot Indians living in Auburn, WA. The projects aim is to increase the number of tribally operated kitchens preparing foods from a menu program with organized purchasing and that is culturally appropriate and nutrient dense. NWIC has established a multi-sectoral community leadership team (CLT) with representation from local gardeners, health providers, community residents, and tribal cook. sDuring the reporting period, NWIC's leadership team held planning meetings with Kitchen Directors, food suppliers, and community residents to improve access to healthy food options. The CLT also hosted a retreat to discuss a framework for food procurement with local cooks, tribal leaders, community elders and residents.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Alabama-Birmingham
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$56,250.00
5. Subaward Purpose:	University of Alabama-Birmingham's (UAB) strategic direction for the NRC-CTG grant is physical activity. UAB's interventions will increase access to physical activity opportunities for African Americans in Bessemer, AL. During the reporting period, UAB's multi-sectoral community leadership team (CLT) partnered with local vendors, schools, businesses, and churches to successfully host "Fan for Fitness 5k Fun Run/Walk". The CLT also engaged community residents to join inter-generational walking groups at the Fan for Fitness 5k. In addition, UAB held the Healthy Happy Kids program, which is designed to promote the concepts of healthy eating and daily exercise among youth. The program is offered to children during after- school hours over six days, two hours per day as an extension of their classroom instruction. Healthy Happy Kids was also successfully implemented in the local YMCA in Bessemer, Alabama. In addition, the CLT is also engaging local business to provide more physical activity at worksites.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Hidalgo Medical Services
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP003778-02
4. PPHF Funding Amount:	\$95,000.00
5. Subaward Purpose:	The NRC contracted with Hidalgo Medical Services (HMS) for financial management, HR and administrative services, and technical assistance and training services. HMS has experience in the development and management of other non-profit organizations and was responsible for developing the NRC's personnel and financial management policies and procedures. During the reporting period these services included: allocating costs based on the NRC Chart of accounts, managing general ledger functions, preparing monthly financial statements, managing NRC's bank accounts, processing payroll and managing purchasing processes. HMS also participates in overseeing NRC's contracts for adherence to federal contracting rules, manages the federal payment management system, oversees employee benefits, retirement funding, and Director's and Officer's Liability coverage. HMS ensures that the appropriate reviews and approvals are documented by the NRC Board and Program Director. In addition, to financial and administration assistance, HMS also assisted NRC-CTG Staff in providing technical assistance to CTG sub-recipients. During the reporting period, HMS supported the NRC and assisted in the design and facilitation of technical assistance to funded communities. They also participated in developing programmatic tools, TA materials, and strategies to achieve CTG program goals.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Applied Public Health Leadership Training Program
4. Recipient Name:	Public Health Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$320,000.00
8. Award Number:	3U38OT000106-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.055

11. Summary of Activities:	<p>The National Academy for the Public's Health improves population health by training multi-sectoral teams in an applied, team-based, and collaborative leadership development model. Using experiential learning, an applied health leadership project will be the primary vehicle for learning throughout this program. The core curriculum is based on five competencies:</p> <ol style="list-style-type: none"> 1. Leadership Mastery 2. Ability to work effectively across sectors 3. Application of continuous quality improvement principles 4. Appropriate use of data for planning, assessment, monitoring and evaluation 5. Commitment to a population health perspective <p>The work throughout the year is divided into four phases: 1) inspiration; 2) idealation; 3) implementation and growing; and 4) sustaining and transition. Each phase includes activities, readings, and a learning component focused on leadership themes that will advance the leadership practices of teams making effective change for improved population health within their communities. The primary means of program delivery include:</p> <ol style="list-style-type: none"> 1. Synchronous and Non-Synchronous Online Learning 2. Webinars 3. A National Retreat 4. Coaching Support 5. Networking <p>Activities undertaken during this very brief report period (10/1/12 through 12/31/12) were divided into three areas: Solicitation and selection of teams-program staff developed a robust solicitation process, which was reviewed and approved by CDC. This included establishing a website for the application process; development of solicitation documents, including the online application; development, testing and refinement of selection criteria and an associated scoring rubric; conducting webinars for interested teams to gain insight into the program and the application process; management of the application review process, which included all applications being reviewed by one member of staff and one representative of CDC; and management of the selection process. These activities resulted in the successful selection of five highly qualified teams to participate in the NLAPH program. Program development and implementation activities included preparation for the Launch Webinar to be held in January, 2013, including lining up speakers; finalization of the program curriculum and related tools; refinement of the coaching support model to be synergistic with the new curriculum; engaging and preparing coaches to provide coaching support to the five selected teams; preparation to match coaches to the selected teams; and preparation of a webinar schedule for the entire year, including identifying speakers for upcoming webinars and the National Retreat. Monitoring and evaluation activities included review of the finalized curriculum and solicitation documents; adaptation of baseline assessment tools to be synergistic with the curriculum and the desired attributes of an ideal team; and the review of the selected team applications to input baseline data.</p>
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[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Art Chen
2. Subaward Date:	11/01/2012
3. Subaward Number:	#1018676
4. PPHF Funding Amount:	\$28,800.00
5. Subaward Purpose:	<p>Subrecipient will provide advice and expertise in the field of public health to the Principal Investigator. Subrecipient will also provide leadership coaching support to one team participation in the NLAPH program. Coaching support will include:</p> <ul style="list-style-type: none"> • Reviewing and assimilating baseline assessment data on the team • Attending and actively participating in the National Retreat • Tailoring coaching support to team's needs, which may involve concentrated efforts at the start of the team's participation in the program and monthly calls with the team • Maintaining regular contact with assigned team • Conducting at least one site visit to the team's site to provide in-person assessment of progress and coaching support • Participation in program-lead monthly 'coaches calls' • Providing input and guidance in the overall design and implementation of the coaching component of NLAPH • Documenting contact with team via coach's logs and site visit reports • Advising program staff of team successes and challenges • Attending NLAPH webinars • Providing input into mid-term and end-of-year program evaluation activities

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,603,724.00
8. Award Number:	5U58DP003489-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The overall purpose of the Minnesota Community Transformation Program is to prevent leading causes of death or disability through obesity and tobacco use prevention. The program objectives address active living, healthy eating, clinical preventive services, and tobacco-free living. These objectives will be achieved through implementation of evidence-based changes that decrease exposure to tobacco and increase access to physical activity and healthy foods. Changes are being implemented in Minnesota communities, schools, worksites and health care settings. The program is targeting these settings in 22 northern Minnesota rural and frontier counties and one tribal government due to higher rates of health disparities. The disparities include higher rates of poverty, chronic diseases like heart disease and diabetes, and higher rates of obesity and tobacco use. Changes are occurring at the local, regional and state levels as follows:</p> <p>Active living changes include work with active living strategies in school settings, regional planning, and coordinating with state partners on transportation and community design, emphasizing more access to biking and walking.</p> <p>Healthy eating changes include increasing access to healthy foods in various community settings, such as schools, medical centers and worksites; improving procurement and distribution within regional food systems; and work with food councils to develop a state food charter to increase access to healthier foods and beverages.</p> <p>Clinical preventive services changes include work to improve the quality of preventive care in local clinics, clinical-community coalition building, enhancing measurement systems for clinical preventative care and chronic disease and preventive care reimbursement.</p> <p>Tobacco free living changes include strategies to reduce tobacco use and exposure to secondhand smoke in foster care, multi-unit and/or rental housing, including public housing; addressing tobacco point of sale, and tobacco use in disparate populations.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Minnesota
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	1. In partnership with public health, build or expand a sustainable regional food network in order to increase the access to healthy foods 2. In partnership with Minnesota Department of Health, develop and execute an evaluation plan to gather baseline data on existing food systems and access to healthy foods

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Terra Soma
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$102,000.00
5. Subaward Purpose:	Develop tools intended to educate school food infrastructure decision-makers, develop content for Good Food Charter, and as requested, provide training to regional food networks to assist in the development of insitutional food access plans

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Minnesota Department of Education
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$135,000.00
5. Subaward Purpose:	Establish staffing for the CTG, including Active School Specialist and as requested, provide training and technical assistance to Minnesota schools and communities to improve access to active school day opportunities

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Stratis Health
2. Subaward Date:	10/13/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$79,500.00
5. Subaward Purpose:	Assist MDH staff identify and work with MN communities and clinics to strengthen community-clinic ties and clinical practices so that patients at risk for chronic disease are screened, counseled, referred to appropriate resources and followed up by clinic staff. Practice changes and technology solutions that facilitate a strong clinical referral system will be identified and Stratis will provide technical assistance to implement selected quality improvements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Minnesota Community Measurement
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$59,008.00
5. Subaward Purpose:	1. Work with MDH to develop a preventive-care quality measure pertaining to tobacco use, weight, cholesterol and blood pressure management; and 2. Provide MDH with clinic-level summary data for clinics that reported Optimal Diabetes Care and Optimal Vascular Care measures for 2011 dates of service. Components include measure-specific data on patients' cholesterol, blood pressure, blood sugar, tobacco use, and daily aspirin use. Payer type, a proxy for income level, is also included.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Law Center
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	As requested, provide direct, ongoing and coordinated legal training and technical assistance on expert policy development to support local, regional and state tobacco, healthy eating, food access, active transportation, land use, and active living strategies.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	West Central Initiative
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	We have grant agreements with four Regional Development Commissions in northern Minnesota to provide support for the municipal planning functions for active transportation and active living community design in partnership with the five CTG grantees in order to increase access to physical activity opportunities. During the first two years of CTG, RDCs are tasked with deliverables that include documented stakeholder engagement in the planning process and a completed action plan for each grantee.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Region 5 Development Commission
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	We have grant agreements with four Regional Development Commissions in northern Minnesota to provide support for the municipal planning functions for active transportation and active living community design in partnership with the five CTG grantees in order to increase access to physical activity opportunities. During the first two years of CTG, RDCs are tasked with deliverables that include documented stakeholder engagement in the planning process and a completed action plan for each grantee.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Headwaters Regional Development Commission
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	We have grant agreements with four Regional Development Commissions in northern Minnesota to provide support for the municipal planning functions for active transportation and active living community design in partnership with the five CTG grantees in order to increase access to physical activity opportunities. During the first two years of CTG, RDCs are tasked with deliverables that include documented stakeholder engagement in the planning process and a completed action plan for each grantee.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Arrowhead Regional Development Commission
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	We have grant agreements with four Regional Development Commissions in northern Minnesota to provide support for the municipal planning functions for active transportation and active living community design in partnership with the five CTG grantees in order to increase access to physical activity opportunities. During the first two years of CTG, RDCs are tasked with deliverables that include documented stakeholder engagement in the planning process and a completed action plan for each grantee.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bicycle Alliance of Minnesota
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	1. Assist at least eight bicycle enthusiasts to pass the League Certified Instructor Seminar 2. Upon request, provide technical assistance to 20 communities to submit a competitive application for Bicycle and/or Walk Friendly Community designation 3. Provide a written assessment of the interest and capacity of other communities to submit an application for Bicycle and/or Walk Friendly Community designation

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Country-Polk-Mahnomen-Norman Public Health
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$240,000.00

5. Subaward Purpose:	Implement proven strategies in targeted communities with the greatest need based on the highest rural concentration, poverty, chronic disease, obesity and tobacco use. Conduct regional work to increase access to healthy food and physical activity opportunities, support strategies to reduce tobacco use and exposure, and to improve clinical prevention and care coordination.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Cass-Wadena-Todd-Morrison Public Health
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	Implement proven strategies in targeted communities with the greatest need based on the highest rural concentration, poverty, chronic disease, obesity and tobacco use. Conduct regional work to increase access to healthy food and physical activity opportunities, support strategies to reduce tobacco use and exposure, and to improve clinical prevention and care coordination.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Clay-Otter Tail-Becker-Wilkin Public Health
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$300,000.00
5. Subaward Purpose:	Implement proven strategies in targeted communities with the greatest need based on the highest rural concentration, poverty, chronic disease, obesity and tobacco use. Conduct regional work to increase access to healthy food and physical activity opportunities, support strategies to reduce tobacco use and exposure, and to improve clinical prevention and care coordination.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Carlton-Cook-St Louis, Aitkin-Itasca-Koochiching Public Health with Grand Portage
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$675,000.00
5. Subaward Purpose:	Implement proven strategies in targeted communities with the greatest need based on the highest rural concentration, poverty, chronic disease, obesity and tobacco use. Conduct regional work to increase access to healthy food and physical activity opportunities, support strategies to reduce tobacco use and exposure, and to improve clinical prevention and care coordination.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Leech Lake Band of Ojibwe
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003489-02
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	Implement proven strategies in targeted communities with the greatest need based on the highest rural concentration, poverty, chronic disease, obesity and tobacco use. Conduct regional work to increase access to healthy food and physical activity opportunities, support strategies to reduce tobacco use and exposure, and to improve clinical prevention and care coordination.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Denver Health and Hospital Authority
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$610,345.00
8. Award Number:	5U58DP003493-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>One of Denver's most significant accomplishments in year was using Denver's initial Community Transformation Grant plan to garner additional support from local and state funders. Our initial submission to the Community Transformation Grant (CTG) program requested \$1.8 million to support a broad range of activities in tobacco control and prevention, obesity prevention (healthy eating / active living), and improved clinical care for high blood pressure and high cholesterol. The final total funding from the CTG was \$610,000, one-third of the initial request. The funding, detailed plans, and the partnerships developed for the Denver CTG allowed us to leverage more than 5 times the amount of the initial funding from CDC. We consider this experience to be invaluable as we embark on implementing our community health improvement plan. Additional significant accomplishments include progress towards collaborative data sharing. The draft charter developed for the Cardiovascular Disease Registry is one example. This initial registry charter will involve Denver Health Community Health Services and Kaiser Permanente. The draft data use sharing agreement with Denver Public Schools and Denver Public Health, once finalized, will allow Denver's Community Transformation Grant to report on student BMI trends. Other notable achievements implemented in the first year include the implementation of the Smoke-Free Multi-Unit Housing Registry and accompanying website. Denver Environmental Health contributed market data sets to more accurately portray the neighborhoods of greatest need for healthy food retailer development. Furthermore, in the course of such a normal and recognized executive-legislative relationship Denver had numerous opportunities to meet with City Council members to provide scientific information regarding the obesity, secondhand smoke exposure, and Cardiovascular Disease status of residents as well as evidence based strategies for reducing obesity, secondhand smoke exposure and Cardiovascular Disease in Denver residents.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	EMC CORPORATION
2. Subaward Date:	09/29/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$163,910.00
5. Subaward Purpose:	A subcontract with EMC will be established to support extension of information system functionality to this research demonstration. EMC will assist with requirements gathering, discovery, construction, user acceptance testing and implementation of the Patient Relationship Manager and the Business Intelligence tools including integration of new data sources. They will provide expertise in project management, database design and web services deployment. They have been the primary software integrator for Denver Health for the past 15 years.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City and County of Denver Parks and Recreation
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	An annual subcontract with Denver Parks and Recreation (DPR), a subdivision of the City and County of Denver will be established to develop an assessment to engage health disparate populations with outreach and education. Denver Parks and Recreation will also examine data collected by the Trust for Public Land to identify the gaps in the parks and recreation system and determine ways to do more outreach to meet the needs of those populations.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Denver Environmental Health - City and County of Denver
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$81,000.00
5. Subaward Purpose:	DEH will establish a single point of contact for grocery retailers, develop fine-grained data and market analysis, participate in long range planning to improve fresh food retail access in underserved communities (including long range planning for corridors, transit stations and other destinations where grocers serve as key anchors, support activities to increase enrollment in the Supplemental Nutrition Assistance Program (SNAP), establishing an aggressive outreach and marketing campaign to solicit interest in development opportunities in underserved communities (augmented by production of an interactive web portal and collateral material), improving service delivery by developing protocols for facilitated development review and permitting processes.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TRUST FOR PUBLIC LAND
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$44,000.00
5. Subaward Purpose:	Provide residents of the City and County of Denver access to safe, attractive and affordable places for physical activity by conveying to the City one site for park creation, and installing a minimum of two community gardens, playgrounds, or Fitness Zones in "park-poor" Denver neighborhoods that also coincide with the highest proportion of Hispanic, African American, minority, and low income residents by 2016.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	UNIVERSITY OF COLO AT DENVER

2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$34,378.00
5. Subaward Purpose:	A subcontract with University of Colorado Denver, Deborah Main, PHD will be established to lead (with Dr. Davidson) the performance monitoring and evaluation of the program. She will be involved in the high-level requirements gathering aspects of performance monitoring and design of tools to support those programmatic needs. Dr. Main will participate in the development of documents and tools (e.g., dashboards) for feedback to community and clinical sites. She will direct the assessment of community resources and impact of programmatic efforts with our community partners.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	DENVER PUBLIC SCHOOLS
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003493-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	A subcontract with Denver Public Schools will be established to work on the Health Eating, Active Living components of this project by establishing programs that increase physical activity opportunities at school through school wellness teams, partner programs, and school staff trainings; and increase moderate to vigorous physical activity during physical education classes through professional development and evaluation of physical education teachers.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,945,289.00
8. Award Number:	5U58DP003497-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure initiatives as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the Maryland Department of Health and Mental Hygiene will implement policy, environmental, programmatic, and infrastructure initiatives described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three "Strategic Directions": tobacco-free living, active living and healthy eating, and high impact evidence-based clinical and other preventive services. As a rest of state implementation awardee, the Maryland Department of Health and Mental Hygiene coordinates statewide evidence-based initiatives in order to have a demonstrated impact across Maryland jurisdictions and engages in health promoting activities with State agencies including Aging, Agriculture, Education, Housing and Community Development, Planning, and Transportation. During this reporting period, the Department participated in multiple meetings with these state agency partners to further implementation and ensure alignment and coordination of Federal grant initiatives. In addition, the Department collaborated with partners including chronic disease programs, local health departments, and Minority Outreach and Technical Assistance organizations to maximize the reach and impact of CTG implementation. The Department also coordinated regional training and technical assistance events including the five day School Health Interdisciplinary Program, four Community Transformation at Its Best health equity trainings, and one healthy business forum. These events provided local health departments, coalition leaders, Minority Outreach and Technical Assistance organizations, and related stakeholders training and collaboration opportunities. A variety of communication activities occurred in support of CTG implementation including a Twitter Chat, partner newsletter updates, and quarterly leadership team and coalition meetings.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Allegany County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	The Allegany County Health Department in partnership with the Allegany County Health Planning Coalition and community partners including Cumberland Housing Authority and Parks and Recreation and Western Maryland Health System implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, educating community members regarding youth cigar use, providing technical assistance to county employers, and providing technical assistance to child care providers regarding Let's Move Child Care best practices and resources.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Calvert County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$37,500.00
5. Subaward Purpose:	The Calvert County Health Department in partnership with the Calvert County Health Improvement Coalition and community partners including Calvert Memorial Hospital, United Way Health Impact Council, Calvert County Government, Arc of Southern Maryland, Calvert County Public Schools, and University of Maryland Extension implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding youth cigar use, providing technical assistance to county employers, and developing a Let's Move Child Care training module for child care providers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Caroline County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The Caroline County Health Department in partnership with the Mid-Shore Health Improvement Coalition and community partners including Union Bethel African Methodist Episcopal Church implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, providing technical assistance to county employers, and utilizing the Alliance for a Healthier Generation's Healthy Schools Program for district-wide implementation of improved nutrition standards and physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cecil County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	The Cecil County Health Department in partnership with the Cecil County Healthy Lifestyles Task Force and community partners including Cecil County Public Schools, Elkton Housing Authority, county parks and recreation, and Union Hospital implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, educating county residents regarding youth cigar use, and utilizing the CDC's School Health Index to support Title I schools in developing school health improvement plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Charles County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$55,000.00
5. Subaward Purpose:	The Charles County Health Department in partnership with the Partnership for a Healthier Charles County and community partners including Charles County Public Schools, Charles County Department of Community Services and Parks and Recreation Division, Civista Health, and University of Maryland Extension St. Mary's County implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding smoke-free outdoor areas and smoke-free parks, developing a Let's Move Child Care training module for child care providers, and implementing improved nutrition standards and physical activity practices in Title I schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dorchester County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	The Dorchester County Health Department in partnership with the Mid-Shore Health Improvement Coalition and community partners including Associated Black Charities, Chesapeake Child Care Resource Center, and Dorchester County Public Schools implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding smoke-free outdoor areas and smoke-free worksites, providing technical assistance to county employers, implementing improved nutrition standards and physical activity practices in Title I schools, and developing a Let's Move Child Care training module for child care providers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Frederick County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$55,000.00
5. Subaward Purpose:	The Frederick County Health Department together with the Frederick County Health Planning Coalition and community partners including Life and Discovery, Child Care Choices, Frederick County Government, and Frederick County Public Schools implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding youth cigar use, providing technical assistance to three divisions of Frederick County Government, and partnering with Frederick County Public Schools through the school health council to implement improved nutrition standards and physical activity practices.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Garrett County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The Garrett County Health Department in partnership with Garrett County Health Planning Council and community partners including the Garrett County Community Action Committee, Garrett County Memorial Hospital, and Garrett County Public Schools implement tobacco free living, active living and healthy eating strategies. Key activities include preparing to disseminate best practices to protect people living in multi-unit housing from exposure to secondhand smoke, providing technical assistance to county employers, and implementing increased physical activity opportunities in Title I schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Harford County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$72,500.00
5. Subaward Purpose:	The Harford County Health Departments in partnership with the Harford County Health Improvement Coalition and community partners including Child Care Links, Harford County Public Schools, and Upper Chesapeake Health implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding youth cigar use, developing child care provider training modules to increase physical activity and improve nutrition opportunities for children in child care settings, and improving nutrition standards and physical activity practices in Title I schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Howard County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$47,500.00
5. Subaward Purpose:	The Howard County Health Departments in partnership with the Howard County Health Improvement Coalition and community partners including FIRN, Inc. and Healthy Howard Inc. implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke and partnering with Healthy Howard, Inc. to implement healthy eating and active living strategies in child care, schools and workplaces.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kent County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$47,500.00
5. Subaward Purpose:	The Kent County Health Departments in partnership with the Mid-Shore Health Improvement Coalition and community partners including Bethel A.M.E. Church and Kent County Public Schools implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding smoke-free outdoor areas and smoke-free campus initiatives, providing technical assistance to county employers to implement worksite wellness initiatives, and utilizing the Alliance for a Healthier Generation's Healthy Schools Program for district-wide implementation of improved nutrition standards and physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Somerset County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$57,500.00
5. Subaward Purpose:	The Somerset County Health Department in partnership with the Tri-County Health Improvement Coalition and community partners including Somerset Alumni Group for Educational Strategies (SAGES), Somerset County parks and recreation and housing authority implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, educating community members regarding smoke-free outdoor areas and smoke-free parks, and increasing physical activity opportunities throughout the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Mary's County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$62,500.00
5. Subaward Purpose:	The St. Mary's County Health Department in partnership with St. Mary's County Health Improvement Coalition and community partners including MedStar St. Mary's Hospital, Minority Outreach Coalition, St. Mary's Public Schools, and University of Maryland Extension St. Mary's County implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding youth cigar use, developing a Let's Move Child Care training module for child care providers, and pursuing application for the USDA's HealthierUS School Challenge in all Title I schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Talbot County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$57,500.00
5. Subaward Purpose:	The Talbot County Health Department in partnership with the Mid-Shore Health Improvement Coalition and community partners including the county housing authority implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, providing technical assistance to county employers, and educating community members regarding youth cigar use.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	The Washington County Health Department in partnership with the Washington County Health Improvement Coalition and community partners such as Brothers United Who Dare to Care, Washington County Public Schools, Apples for Children, Head Start of Washington County, and Hagerstown Community College Child Care Center implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding youth cigar use, pursuing application for the USDA's HealthierUS School Challenge in all 28 elementary schools, and providing technical assistance to child care providers regarding Let's Move Child Care best practices and resources.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wicomico County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	The Wicomico County Health Department in partnership with the Tri-County Health Improvement Coalition and community partners such as St. James A.M.E Zion church implement tobacco free living, active living and healthy eating strategies. Key activities include disseminating best practices to protect people living in multi-unit housing from exposure to secondhand smoke, providing technical assistance to county employers, and disseminating CTG message "We Choose to: Live Tobacco Free, Eat Healthy, and Be Active" as part of countywide communication initiatives in partnership with the minor league baseball team the Delmarva Shorebirds and a youth coalition.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Worcester County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	The Worcester County Health Department in partnership with the Tri-County Health Improvement Coalition and community partners including Worcester County Public Schools, Lower Shore Child Care Resource Center, and Shore Up, Inc. Head Start program implement tobacco free living, active living and healthy eating strategies. Key activities include educating community members regarding smoke-free outdoor areas and smoke-free campus initiatives, training child care providers on Let's Move Child Care best practices and resources, implementing safe routes to school activities and increased physical activity opportunities in Title I schools, and providing information and outreach to worksites, schools, and municipalities about the county's "Just Walk" program and "Walk Around Worcester" brochure to increase access to physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Maryland Baltimore
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003497-02
4. PPHF Funding Amount:	\$654,280.00

5. Subaward Purpose:	<p>Through the University of Maryland Baltimore, the Institute for a Healthiest Maryland has been established as an important component of Maryland's CTG program infrastructure to further statewide and Rest of State jurisdictions' implementation of Tobacco Free Living, Active Living and Healthy Eating, and Clinical and Community Preventive Services strategies. The Institute engages subject matter experts from Maryland's colleges and universities to provide evidence-based resources, coordinate training and technical assistance, and further CTG communication and dissemination efforts by maintaining an interactive website and email network. Academic partners include the University of Maryland School of Law Legal Resource Center, School of Nursing Maryland Hospitals for a Healthy Environment, School of Medicine, School of Pharmacy Patients, Pharmacists, Partnerships Program, University of Maryland Baltimore County Maryland Resource Center for Quitting Use and Initiation of Tobacco, University of Maryland School of Public Health, and Johns Hopkins Bloomberg School of Public Health Center for Human Nutrition. During this reporting period, the Institute for a Healthiest Maryland has established an infrastructure, assisted with identifying baseline information, facilitated training and technical assistance events, and utilized communication strategies to support CTG implementation. An Executive Director was hired, an advisory board was formed, and academic partner monthly meetings were held to further implementation progress. The University of Maryland Legal Resource Center conducted an assessment of smoke-free multi-unit housing and smoke-free outdoor areas, and these assessments have assisted with identifying baseline information. The School of Medicine utilized WellSAT to evaluate the strength and comprehensiveness of Maryland's 24 jurisdictions USDA-required local school wellness plans. The Legal Resource Center, University of Maryland Baltimore County Maryland Resource Center for Quitting Use and Initiation of Tobacco, and Johns Hopkins Bloomberg School of Public Health Center for Human Nutrition facilitated technical assistance events. Two regional tobacco-free living meetings disseminated county-level tobacco data and evidence-based resource information to jurisdictions located within Western and Southern Maryland. A healthy stores technical assistance conference call was held with the rural jurisdictions to discuss implementation strategies. The Institute for a Healthiest Maryland partnered with Dorchester, Harford, Kent and Wicomico County Health Departments to implement the photo voice project "Voices of Maryland." The Institute provided training and technical assistance to health department staff to utilize photo voice techniques to document health barriers and strengths in their communities. The jurisdictions will utilize these projects to further CTG implementation.</p>
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FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	City of Austin Health and Human Services Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,026,158.00
8. Award Number:	5U58DP003499-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Funds were utilized to implement the strategies to create healthier communities by supporting implementation of interventions in the following strategic areas: tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environment. The approved Community Transformation Implementation Plan (CTIP) addresses the needs of Austin/Travis County with special focus on the populations that experience health disparities. The plan is categorized across multiple sectors addressing where people work, play, learn, live and access social services. Activities accomplished during this reporting period include:</p> <ul style="list-style-type: none"> • collaborating with local multiunit housing organizations, institutions of higher learning and workplaces to implement tobacco-free campus strategies • working in partnership with the Michael and Susan Dell Foundation childhood obesity initiative, GO! Austin/VAMOS! Austin, in a historically low SES and underserved Austin neighborhood (Dove Springs). Strategies include joint use agreements, healthy food & beverage procurement and availability, complete street designs, in- & out-of school physical activity, and community-wide healthy promotion messaging. • Leading the implementation of the Healthy Austin Program outlined in the Imagine Austin 30-year comprehensive plan. The Healthy Austin Program consist of action items such as increasing access to parks, playgrounds and trails, enhancing the built environment to support healthy living, creating tobacco-free environments, increasing accessibility, identification, and affordability of healthy foods, and supporting chronic disease prevention and control best practices in local ISDs.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Austin Parks and Recreation Department
2. Subaward Date:	09/29/2012
3. Subaward Number:	5U58DP003499-02
4. PPHF Funding Amount:	\$125,000.00
5. Subaward Purpose:	PARD will implement strategies to increase the number of urban farms, community gardens, farmers' markets and /or farm-to-site programs in areas of high need throughout Travis County. PARD will also assist vendors, special event organizers, patrons and other park users with continued implementation of the amendment to the Smoking in Public Places Ordinance that restricts smoking in City Parks. Additionally, PARD will develop a plan to increase healthy foods at PARD sites and concessionaires through various food procurement practices. PARD will also assist in increasing the number of existing joint use agreements that provide physical activity and recreation opportunities throughout Travis County in areas experiencing health inequities. Lastly, PARD will facilitate implementation of a community-led childhood obesity prevention initiative in a historically low SES and underserved Austin neighborhood (Dove Springs).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sustainable Food Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003499-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Sustainable Food Center will facilitate implementation of a community-led childhood obesity prevention initiative in a historically low SES and underserved Austin neighborhood (Dove Springs). They will also provide support for at least 50 Austin-area schools participating in Farm to School and Food Systems Education programming. Finally, SFC will engage community members in educating and informing decision makers in AISD on best practices for supporting equitable healthy food access.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Austin Planning and Development Review Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003499-02
4. PPHF Funding Amount:	\$137,321.00
5. Subaward Purpose:	PDRD will develop and implement strategies to expand the Austin Smoke-Free Housing Implementation Program to multi-unit housing complexes throughout Travis County. Additionally, PDRD will establish specific areas for community change related to free samples on public property in the City of Austin citywide or within 1,000 feet of youth-oriented areas. During this project period they will also establish specific areas to enhance pedestrian and bicycle environment within the City of Austin by coordinating with City of Austin Transportation Department and Public Works staff to provide draft language to update the Transportation Criteria Manual in order to promote compact development and connectivity as envisioned by the Imagine Austin 30-year Comprehensive Plan. Lastly, PDRD will further define and Implement Imagine Austin's "Create a Healthy Austin Program" through community partnerships.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Texas Health Science Center at Houston
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003499-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The University of Texas Healthy Science Center at Houston will conduct community outreach with the Latino Health Care Forum and Alliance for African American Health in Central Texas and a total of 8 community health workers and 120 volunteers to encourage health-promoting personal, environmental, and systems changes. They will also sponsor media communications to be developed and produced with leadership and participation of organizers and volunteers to promote overall project activities through multiple media channels that feature peer models for family health behavior changes corresponding with the local CTG strategies, displays of innovative community changes by various organizations and involved decision-makers and gate-keepers, peer modeling of preventive health service utilization and of consumer choices, and family/individual behaviors to reduce risk of chronic disease.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Douglas County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$510,199.00
8. Award Number:	5U58DP003504-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Douglas County (Nebraska) Health Department's Douglas County Putting Prevention to Work (DCPPW) grant report reflects activities completed during the first quarter of the Community Transformation Grant's (CTG) year two of a five year cooperative agreement. DCPW uses collective impact tenets to ensure collaboration across grant activities. Objectives reflect gradual system-wide improvement to positively impact community health. Integration across the community and infrastructure objectives assures maximized impact with limited resources.</p> <p>DCHD holds fiduciary and administrative responsibility. DCPW leadership uses existing government and community infrastructure, reporting progress to the Douglas County Board of Health and the Live Well Omaha (LWO) Board of Directors. DCPW infrastructure activities assure stakeholder participation and awareness of achievements through formalized reporting and communication. Emspace and LWO are responsible for communications activities described in their sub-recipient sections.</p> <p>Community objectives focus on increasing the number of residents with access to smoke-free living environments, healthy foods/beverages and physical activity opportunities, and clinical care systems that control high blood pressure and high cholesterol. To increase access to smoke-free living environments, the number of multi-unit smoke-free housing complexes increased to a total of 56, representing 14 additional complexes during the reporting period. To address health equity, ten smoke-free complexes are located in predominantly minority areas for a total of 28. Partnerships with the apartment owners association and a management company, public awareness, and connections with community based organizations/ leaders enhanced participation. Healthy eating strategies guided by DCHD include the Healthy Neighborhood Store (HNS) project, farm-to-institution, and vending guidelines. Successes include training of HNS store owners for in-store demonstration and nutrition education, the development of a healthy food section and healthy checkout aisle in an existing HNS, and the completion of focus groups. The Gretchen Swanson Center for Nutrition is responsible for the farm-to-institution activities that are described within their sub-recipient section. Active living strategies include an initiative to assist agencies to voluntarily adopt healthy policies (Partners for a Healthy Community) and technical assistance allowing schools to voluntarily implement procedures to support healthy environments. LWO is responsible for the active living component with assistance from the Wellness Council of the Midlands and Nebraska Center for Healthy Families. Achievements are described within each sub-recipient's section. The effective management of high blood pressure and cholesterol includes a pharmacist/provider feedback loop. One World Community Health Center is responsible for this and activities are described within their sub-recipient section.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Live Well Omaha
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$89,260.00
5. Subaward Purpose:	<p>Live Well Omaha (LWO) assists in providing administrative and programmatic oversight for Douglas County Putting Prevention to Work (DCPPW) activities as well as coordinates the Active Living affinity group. LWO's Executive Director conducts monthly meetings of the LWO Board of Directors, representing businesses, academia, elected officials, non-profit organizations, and health care system organizations. DCPW is an agenda item where the programmatic progress and fidelity are reviewed. The LWO Board of Directors is responsible for all major decisions regarding the cooperative agreement. During the reporting period, the Board of Directors received written monthly updates to which they provided feedback and recommendations. The board also supported an annual health summit at which Wayne Giles, the Director of the Division of Adult and Community Health at the Centers for Disease Control and Prevention, presented the importance of community intervention to address chronic disease issues. Over 175 individuals attended the summit. As part of the administrative oversight, LWO coordinates the communication strategies where six earned media stories with a value of \$81,413 in earned media were secured.</p> <p>The LWO Program Coordinator provides oversight of the Active Living affinity group which includes both the Partners for a Healthy Community (PHC) initiative and the school-based operational procedures component. During the reporting period the LWO Program Coordinator led Active Living affinity group meetings that provided partners within PHC and the school-based operational procedures component the opportunity to discuss current activities, collectively address barriers/challenges, and collaborate when appropriate across initiatives. The LWO Program Coordinator also provides the majority of the community-level effort associated with the school-based component. Based on year one activities that examined best practices in schools focusing on four procedure areas (nutrition, access to water, physical activity, and active transportation), staff finalized the supportive technical assistance materials needed. DCPW school staff and DCHD administrative staff met with a group of community organizations that provide resources to schools that support healthy environments. Through bringing together key providers of healthy eating and active living programs as a collaborative, a shared vision for support within schools was developed. Based on an environmental scan conducted within year one, staff identified and contacted three schools interested in receiving technical assistance to voluntarily implement operational procedures to support healthy environments.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	African American Empowerment Network
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$6,202.00
5. Subaward Purpose:	<p>The African American Empowerment Network (AAEN) assists the Douglas County Health Department in assuring community input for the healthy eating strategies and as such conducted two Healthy Eating affinity group focus groups during the reporting period. Focus group discussions lend community insight into such topics as general nutrition knowledge, perceived access to healthy foods, shopping habits, preferred store characteristics, local food acceptance, and vending. These focus groups help to shape the three projects within the Healthy Eating component of DCPW: Healthy Neighborhood Store, farm-to-institution, and healthy vending guidelines. The African American Empowerment Network sponsored a community event, Christmas in the Village, which provided an opportunity for residents of the African American community to learn more about the Healthy Neighborhood Store project and efforts centered on increasing the number of smoke-free multi-unit housing environments.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Nebraska Medical Center's College of Public Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02

4. PPHF Funding Amount:	\$60,034.00
5. Subaward Purpose:	The University of Nebraska Medical Center's College of Public Health serves as the lead of the evaluation component of DCPWP. In order to assure a robust and efficient evaluation plan, the College of Public Health (CoPH) reviewed the finalized evaluation plan and the data collection methods with DCPWP's assigned evaluation technical advisor. Partners for a Healthy Community (PHC) and the Healthy Neighborhood Store project were the two DCPWP initiatives that were identified within the evaluation plan finalized in year one. In response to the finalized evaluation plan, staff met with Partners for a Healthy Community (PHC) leads to identify data collection mechanisms and define roles and responsibilities. The evaluation team also provided assistance to the Healthy Eating component and assisted in finalizing focus group questions and guides. A PRISM community meeting took place in November and evaluation staff was present to assist in defining the initial settings of the Douglas County model. In December, evaluation staff completed the Annual Evaluation Report as an appendix to the Annual Progress Report that was submitted to CDC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Emspace Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$33,000.00
5. Subaward Purpose:	Emspace, a communications firm, is responsible for the development and production of educational, training, and promotional materials for the Healthy Eating, Active Living, and Smoke-free Multi-unit Housing affinity groups. During the reporting period Emspace attended monthly Douglas County Putting Prevention to Work (DCPPW) Partner meetings, affinity group (Active Living, Healthy Eating, and Smoke-Free) meetings, and LWODCPPW Communication Team meetings. Emspace developed and distributed an updated Douglas County Putting Prevention to Work logo. This enhanced logo integrates aspects of both the Douglas County Health Department as well as Live Well Omaha logos and will be used in all future DCPWP materials. Emspace updated awareness materials to reflect the achievements of DCPWP as well as revisited current materials and updated as needed for new initiatives. An evaluation of the current Live Well Omaha (DCPPW) website content resulted in the identification of components and content which require revision or enhancement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Gretchen Swanson Center for Nutrition
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$19,964.00
5. Subaward Purpose:	Gretchen Swanson Center for Nutrition is responsible for the implementation of a farm-to-institution program, one of the three healthy eating components of Douglas County Putting Prevention to Work (DCPPW). Farm-to-institution staff completed an assessment of existing farm to institution activities to capture community activities where organizations are providing locally sourced foods or have policies in place outlining preference in sourcing foods locally when available. A tracking tool that captures farm-to-institution activities was developed and will be used to evaluate the program. Farm-to-institution focus group questions were developed and one focus group has been conducted during the reporting period. Staff presented at the state-wide Safety and Wellness Conference. Based on work that was started in year one, an updated farm-to-institution recruitment and communication plan was finalized. This plan identifies the criteria staff will use to identify success stories and mechanisms to present stories to the communication team for distribution via media outlets. A lunch-and-learn series was developed to educate institutions interested in learning more about local foods. Staff also worked with Emspace, to finalize farm-to-institution concepts and promotional materials. Due to the seasonal constraints of the growing season in Nebraska, this reporting period emphasizes preparation work needed to ensure effective implementation of farm-to-institution activities with interested agencies.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Nebraska Center for Healthy Families
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$19,526.00
5. Subaward Purpose:	Nebraska Center for Healthy Families (NCHF) serves as a community trainer for the Partners for a Healthy Community (PHC) initiative in an effort to increase access to healthy food/beverages and physical activity opportunities at worksites and faith-based organizations. NCHF focuses on enrolling new PHC organizations as well as providing technical assistance to existing PHC organizations in implementing additional healthy eating and/or active living policies. Minority organizations, particularly churches in North Omaha and organizations located east of 42nd Street are the primary target areas for NCHF. The community trainer from NCHF works in collaboration with the lead PHC trainer that is housed at the Wellness Council of the Midlands. During the reporting period eight organizations (four existing PHC and four new organizations east of 42nd Street) were educated on the PHC initiative which brings the cumulative number of organizations educated to 20. Eleven organizations (seven existing and four new organizations east of 42nd Street) signed letters of intent to voluntarily implement healthy eating and/or active living policies within their organizations. With the addition of the 11 organizations recruited within this reporting period, the cumulative number of organizations is 20.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	One World Community Health Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$26,000.00
5. Subaward Purpose:	One World Community Health Center (OWCHC) is responsible for implementing the Clinical Care component which establishes a relationship between the pharmacist and physician to assist clients in the control and management of their elevated blood pressure and/or cholesterol. OWCHC's pharmacist is currently focusing on identifying patients with unresolved hypertension and high cholesterol that could be helped by additional education with medication management. The electronic medical record system and reporting parameters were modified within year one and are now consistently collected. OWCHC's committed team of clinicians and a provider champion ensure that all grant goals are met and providers are participating in the feedback loop. Within the reporting period, 239 patients have been identified as having unresolved hypertension with 25 having received at least one Clinical Pharmacist Consult (CPC). Of the patients receiving CPC, 17 patients have experienced a reduction in systolic pressure with an average change of -8.74.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Nebraska-Lincoln Extension Office
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$18,530.00
5. Subaward Purpose:	The University of Nebraska-Lincoln Extension Office is responsible for providing the Healthy Neighborhood Store owner trainings, in-store demonstrations, and nutrition education to enhance the citizens' use of healthy products. During the reporting period the UNL Extension Office partnered with the Douglas County Health Department to provide education and training for four Healthy Neighborhood Store locations on the Healthy Neighborhood Store Nutrition Education Toolkit. This toolkit will help store owners provide nutrition education opportunities in their store by providing them with the resources needed to be successful. Healthy Neighborhood Store staff along with UNL Extension and Partners for a Healthy Community staff conducted meetings with a Healthy Neighborhood Store location to work through the logistics of creating a "Healthy Foods" section and one healthy checkout aisle within the store. UNL Extension staff provided the nutrition education presentation at the December Healthy Eating focus group session.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wellness Council of the Midlands
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2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003504-02
4. PPHF Funding Amount:	\$71,517.00
5. Subaward Purpose:	Wellness Council of the Midlands staff serves as the lead Community Trainer for the Partners for a Healthy Community (PHC), an effort to increase access to healthy food/beverages and physical activity opportunities at worksites and faith-based organizations. The lead Community Trainer works closely with staff from the Nebraska Center for Healthy Families to recruit new and provide technical assistance to existing Partners for a Healthy Community organizations. During the reporting period eight organizations (four existing PHC and four new organizations east of 42nd Street) were educated on the PHC initiative which brings the cumulative number of organizations educated to 20. Eleven organizations (seven existing and four new organizations east of 42nd street) signed letters of intent to voluntarily implement healthy policies within their organizations. With the addition of the 11 organizations recruited within this reporting period the cumulative number of organizations is 20.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	South Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$812,383.00
8. Award Number:	5U58DP003510-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, South Dakota will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following four "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environment. The reporting period brought a number of significant accomplishments. First, SD-CTG established a partnership with the South Dakota Tobacco Control Program to incorporate CTG program goals into grant requirements for communities funded with tobacco control program funds. As a result, tobacco control program funded communities will be working to promote tobacco-free school campuses, worksites, parks, and multi-unit housing. In addition, the SD-CTG program in cooperation with the SD Nutrition and Physical Activity Program and the SD Dept. of Education's Child and Adult Nutrition Services division established a stakeholder workgroup of educators, school nutrition directors, school administrators, and public health professionals to develop a model school wellness policy for schools to comply with new USDA policies. The South Dakota Office of Chronic Disease Prevention and Health Promotion (OCDPHP) also launched an office-wide workplace wellness initiative supported by CTG funds. OCDPHP's Nutrition and Physical Activity Program organized the Active Transportation Advisory Team to provide direction, technical assistance, training, resources, and support for SD communities interested in implementing comprehensive strategies to increase active transportation and physical activity for better health. The team includes planners, public health professionals, university, and government representatives.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	North Carolina Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,466,092.00
8. Award Number:	5U58DP003511-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The NC Division of Public Health will work with state and local partners to decrease tobacco use; increase physical activity; improve nutrition; and increase access to evidence-based clinical preventive services. This will require improving access to healthy living opportunities for all North Carolinians including racial and ethnic minorities, those of low socioeconomic status and individuals living in rural areas. The Project will be organized on a regional basis to maximize its reach across the state. The Project has ten multi-county collaboratives, each with one local health department that has assumed responsibility for coordinating efforts and providing the infrastructure for the funding. These lead health departments administer funding and are charged with developing a regional plan informed by a regional leadership team, called a Community Transformation Collaborative, to increase</p> <ul style="list-style-type: none"> • smoke-free local government buildings and indoor public places • tobacco-free government grounds, including parks and recreational areas • smoke-free multi-unit housing in public housing, affordable housing, and market-rate housing • 100% tobacco-free community colleges, state and private university and college campuses • new or revised comprehensive plans that include health considerations • joint use agreements that increase access to physical activity opportunities • small retail stores offering and promoting healthier food and beverage options • new or enhanced farmers' markets, mobile markets, and farm stands • healthcare practices that implement quality improvement systems for the clinical practice management of hypertension, high cholesterol and tobacco use

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Albemarle Regional Health Services
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Albemarle Regional Health Services is leading the efforts of eight county and regional health departments to increase tobacco-free environments in municipal and county government buildings and public places; develop a regional comprehensive land use plan and establish new joint-use agreements in five counties. The region will also establish two new farmers markets and enhance one existing market. Clinical preventive services efforts will be supported through the identification of 25 community organizations/supports within the region to be utilized for patients with hypertension and high cholesterol or who use tobacco.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Appalachian District Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Appalachian District Health Department is leading regional efforts to increase the number of tobacco-free government buildings and grounds; expand farmers markets; and increase the number of joint use agreements that increase access to physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Buncombe County Department of Health
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	The Buncombe County Department of Health is leading the efforts of seven county and regional health departments to increase the number of tobacco-free college campuses; expand farmers' markets and increase the number of joint use agreements that promote access to physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cabarrus Health Alliance
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Cabarrus Health Alliance will lead the efforts of nine county health departments to increase the number of smoke-free multi-unit housing complexes; increase the number of comprehensive plans that include health considerations; and expand farmers' markets and farm stands.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cumberland County Health Department
2. Subaward Date:	09/30/2012

3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Cumberland County Health Department will lead efforts of ten county health departments to increase the number of tobacco free county government buildings and grounds. Partners will work in increase the number of joint use agreements that promote opportunities for physical activity and expand the number of farmers markets in the region.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Johnston County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Johnston County Health Department will work with eight other counties to increase tobacco-free government buildings; increase the number of joint use agreements that promote physical activity and increase the number of farmers' markets and farm stands in the region.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Macon County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Macon County Health Department will work with eight other counties in western North Carolina to increase tobacco-free government grounds, including parks across the region. Additionally, regional partners are working to increase the number of convenience stores offering and promoting healthier items as well as and joint use agreements that increase access to physical activity opportunities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Person County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Person County Health Department is working with regional partners in nine counties to increase tobacco-free government buildings; the number of joint use agreements that promote physical activity; and number of convenience stores offering healthy items.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Pitt County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Pitt County Health Department is working with partners in nine counties to increase the number of smoke-free indoor public places and local government grounds, including parks and recreation. This Region is also working to increase the number of counties that have comprehensive land use plans that include health considerations, and joint use agreements that promote access to physical activity opportunities. Partners are enhancing three farmers' markets and identifying one community organization within each of the nine counties for support for patients with high blood pressure, high cholesterol, or who use tobacco.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Robeson County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$477,784.00
5. Subaward Purpose:	Robeson County Health Department is leading partners in nine counties to implement 100% smoke-free government buildings and community colleges and to raise awareness of the benefits of smoke-free multi-unit housing. The group is also working to increase the number of comprehensive plans that include health as a component of long range plans. They are developing a strong relationship with the Southeastern North Carolina Food Systems Program at University of NC-Wilmington (also known as "Feast Down East") to address partnerships between local farmers, institutions, restaurants, and consumers in an effort to increase local purchasing, distribution, and consumption of fresh produce.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Mountain Area Health Education Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003511-02
4. PPHF Funding Amount:	\$765,042.00
5. Subaward Purpose:	Mountain Area Health Education Center is funding staff in each of the nine area health education centers to increase the number of health care providers across North Carolina that utilize quality improvement systems for the clinical management of hypertension, high cholesterol, and tobacco cessation.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Maine State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,318,301.00
8. Award Number:	5U58DP003513-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	Maine's CTG initiative is based on the implementation of a comprehensive blend of state and community level objectives. Existing Maine CDC staff capacity is enhanced by multiple FTE staff contracted with both State and District Level organizations, to accomplish work associated with this initiative. Multiple Program Managers of the Division of Population Health are involved in supporting this work as part of their existing workplans, supplemented by key partners who are contracted to perform and support key portions of the workplan. Community level objectives are being implemented through utilization of Maine's nine Public Health Districts. MeCDC has established contracts with each of these Districts to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Districts also have the option of addressing active living in Maine's communities and supporting clinical systems in practices to increase control of blood pressure and cholesterol. State level objectives address access to and utilization of tobacco treatment and cessation services for behavioral health clients, a population with significant health disparities, increasing access to healthy food options for clients and state staff eating at MDHHS food services, and coordinating resources and education to support implementation and compliance with existing policies regarding exposure to second hand smoke in licensed child care facilities. Progress during this reporting period include: Maine CDC, Division of Population Health, has successfully contracted with all described agencies and partners to support the ongoing implementation of the CTG. Additional activities include general oversight and direction to sub awardees, data collection and submission to the national Cost Study, preparation and reporting on annual progress and up to date reporting on sub awardees implementation progress. Ongoing support to the communities consists of convening workgroups and providing technical assistance for performance monitoring and implementation of identified workplans and strategies.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Aroostook Community Action Program
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bangor Health and Community Services
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Concepts
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Houlton Band of Maliseets
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02

4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Penobscot Bay YMCA
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Portland
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of New England
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	United Way of Eastern Maine
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	United Way of Mid Maine
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	Community level implementation for CTG takes place through the vehicle of Maine's nine Public Health Districts. Because the District Coordinating Councils are themselves not incorporated and thus unable to directly contract with MCDC, each of these nine contracts is placed with a Lead Fiscal Agent within the District. Each DCC has established a MOU with the Lead Fiscal Agent outlining the parameters and responsibilities of the relationship. MeCDC has established a contract with this Fiscal Agent to implement objectives in two required areas, focusing on increasing healthy food options and increasing opportunities for physical activity in schools and child care centers across the state. Progress to date in the reporting period includes FY2 workplan development and ongoing implementation of activities to support early care and education providers in developing strategic action plans to enhance nutrition and increase physical activity within their sites. Additional activities include engaging school administration, champions and stakeholders to enroll in the CTG within the public health district and identify areas for improving in nutritional offerings and increasing physical activity during the school day.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Market Decisions
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2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$130,000.00
5. Subaward Purpose:	Market Decisions: A contract with Market Decisions provides evaluation services for Maine's CTG work. The evaluation staff team includes a multi-disciplinary team of evaluators and survey research professionals contracted through Market Decisions in Portland Maine. The team includes: Patricia Hart, M.S. Evaluation Project Lead, Patrick Madden, MBA, Survey Research specialist, and Brian Robertson, PhD, Survey Research specialist. Skills include evaluation design, data collection management, statistical analysis, and writing. The evaluation lead works closely with the CTG Project Manager, Mr. Finch and is a member of the Management Team.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Medical Care Development
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$185,498.00
5. Subaward Purpose:	Maine is currently operating under a hiring freeze which is not expected to be lifted for the indeterminate future. In order to assure that adequate staffing is assigned to this grant, MeCDC has contracted with one of Maine's public health private non-profits to provide staffing. These CTG sub-contracts have been approved by the Division of Purchases and provide 1.0 FTE for Project Management responsible for managing the planning, implementation, and evaluation of the program. A 1.0 FTE State Agency Coordinator is responsible for managing all components of the intra-agency policy, programmatic and infrastructure change objectives on tobacco and nutrition as well as supporting statewide policy components of all selected strategies. Duties for this position include working across state programs, agencies, and offices as well as with representatives of and organizations that work with the identified disparate population groups. In addition, 0.25 FTE of administrative support assists implementation of the grant by providing essential meeting arrangements, data tracking, note taking, and general coordination for the state-level workgroups and Leadership Team of the initiative. These individuals are contracted through Medical Care Development.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maine Primary Care Association
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003513-02
4. PPHF Funding Amount:	\$71,232.00
5. Subaward Purpose:	Clinical Services Consultation: Implementation of the clinical services objectives to address blood pressure and cholesterol within the Federally Qualified Health Centers is assisted through a contract with the Maine Primary Care Association. Maine Primary Care Association (MPCA) is a membership organization representing the Maine's FQHCs. MPCA has provided technical assistance and training, and services to Maine's FQHCs for over 30 years and is appropriately situated to assist the development and spread of policies supporting patient navigation services to support the clinical objectives. This contract provides a total of 1.0 FTE to this program, using a combination of a Patient Navigation Project Coordinator, a MPCA Quality Specialist, Data Analyst and the Dir. of Clinical Quality Improvement.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Texas State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$10,000,000.00
8. Award Number:	5U58DP003518-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Transforming Texas is a CDC CTG 2011 implementation award recipient. Of the \$10million award, \$6.4 million per year is distributed to Texas communities with populations of 500,000 or less with an emphasis on rural, border and frontier communities. Eighteen (18) organizations are carrying out the work of Transforming Texas in 30 small to mid-size urban, rural, frontier and border Texas counties. All contractors are focusing efforts and resources on three strategic directions: 1) tobacco-free living with a focus on second hand smoke, 2) healthy eating and active living, and 3) utilization of high impact evidence-based clinical and other preventive services with a focus on high blood pressure and high cholesterol. During this reporting period (July -December 2012), grant year one ended on September 29, 2012 and contracts were executed for grant year two on September 30, 2012. Establishment of subcontracted partners - We have executed subcontracts to provide technical assistance to Transforming Texas grantees in the areas of health disparities, evaluation, and media as follows. Health disparities for Texans - Contracted with two vendors to provide technical assistance: Texas HHS's Center for the Elimination of Disproportionalities and Disparities (CEDD) and CommonHealth ACTION (CHA). CEDD conducted site visits and introductory health disparity trainings from July through September 2012. They also provided resources to contractors including California Newsreel's Unnatural Causes and Race: The Power of Illusion. They also provided a resource toolkit to address tobacco-related health disparities. CommonHealth ACTION developed a curriculum: Transforming Perspectives to Create Healthy Texans in the first grant year to be implemented in grant year two. Chronic Disease Public Education (media) -Efforts were leveraged across another section CDC grant: the Coordinated Chronic Disease grant. Spots aired through November 29, 2012. Efforts also included brand and logo development (customized for each CTG Transforming Texas county), website development (LongLiveTexans.com), outreach toolkits (for providers, communities and worksites), contractor training, and television and radio ads. Evaluation- We have contracted with the University of North Texas Health Science Center (UNTHSC) in conjunction with 2M Research LLC to provide evaluation. CDC approved the Evaluation Plan in June 2012. For this reporting period they completed Evaluation visits to six "deep dives" CTG counties; completed Adult Targeted Surveillance Survey implementation in six counties; conducted Health Equity and Joint Use focus groups; collected data for CDSMP: self -efficacy survey and biometric data; JUA: SoParc and pattern of use and perceptions; and media. Additional Activities: We convened a CDC-pilot Tobacco Workshop (Nov 2012) in San Marcos, Texas to provide tools and resources to grantees. We are designing a practical and adaptable clinical preventive strategy for Texas by conducting Community profiles.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Angelina Cities and Counties District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$379,116.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Health Coalition of Caldwell County
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$379,116.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Greater Houston Health Education Center
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$235,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Migrant Health Promotion
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$400,954.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
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1. Subaward Recipient Name:	Northeast Public Health District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$737,323.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Presidio Independent School District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$121,442.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Project Vida Health Center
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$355,916.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Serving Children and Adolescents in Need, Inc
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$176,536.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Texas Agrilife Extension Service
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$300,361.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Texas Health Harris Methodist Hospital Azle
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$420,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Texas Tech University Health Science Center
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$434,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The Institute of Public Health Education & Research
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$350,000.00

5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The University of Texas Health Science Center - Tyler
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$474,584.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The University of Texas Medical Branch Galveston
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$350,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The University of Texas Health Science Center - Houston
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$350,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Waco-McClellan County Public Health District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$235,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wichita County Public Health District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$278,534.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Williamson County and Cities Health District
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$500,000.00
5. Subaward Purpose:	CTG Transforming Texas agency recipient responsible for the implementation of chronic disease reduction policy, systems and environmental change evidence based strategies with consideration for health disparities as follows: 1) tobacco free living, including decreasing exposure to second hand smoke; 2) active living and healthy eating; 3) use of high impact evidence-based clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol within their identified county(ies).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The University of North Texas Health Science Center
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$800,092.00
5. Subaward Purpose:	Contractor shall collaborate and support DSHS in the evaluation of the Transforming Texas; Implement a balanced process and outcome Evaluation Plan of the strategies outlined in the Community Transformation Implementation Plan (CTIP) which are based on guidance from the Centers for Disease Control and Prevention. Contractor shall develop and distribute at least four (4) unique dissemination documents created for stakeholders or the broader community that are based on performance monitoring data, health assessment data, and other program-related information.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Texas Health and Human Services' Center for the Elimination of Disproportionalities and Disparities
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Contractor Contractor shall provide training and technical assistance activities to reduce health disparities and increase health equity by supporting the initiatives of the Transforming Texas Program. These initiatives include state-wide and community policy, environmental and system change approaches to tobacco free living, healthy eating and active living, and increased use of high impact quality clinical preventive services (specifically decreasing high blood pressure and cholesterol), with a focus on achieving health equity by eliminating health disparities. The training and technical assistance activities provided by the Contractor shall align with the Texas Model for Addressing Disproportionality and Disparities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	CommonHealth ACTION
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$278,936.00
5. Subaward Purpose:	Contractor shall facilitate and deliver a two-day interactive health disparities, disproportionalities, and cultural competency training using the curriculum developed by contractor. The training shall promote evidence based strategies to implement effective interventions to eliminate health disparities and disproportionalities among populations with chronic diseases due to risk factors such as: obesity, smoking, lack of physical activity and poor dietary patterns in various geographic regions (specifically rural and frontier regions).

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Sherry Matthews Advocacy Marketing and Media
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$157,452.00
5. Subaward Purpose:	The Contractor shall assist with developing and implementing a state-wide public education campaign that educates Texans about CTG-Transforming Texas and chronic disease. The public education campaign should aim to create a shift in behavior and choices that Texans make to make the healthy choice the easy choice. The campaign must drive the demand for high impact clinical preventive services. Focus should be made on rural, frontier, and border communities and health disparate populations.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The Litaker Group LLC
2. Subaward Date:	September 30, 2012
3. Subaward Number:	5U58DP003518-02
4. PPHF Funding Amount:	\$31,647.00
5. Subaward Purpose:	Meeting facilitation as follows: 1) For November 2012 CDC-piloted Tobacco Workshop for Texas CTG grant subrecipients by providing facilitation services to support the successful development, implementation, facilitation, and post-meeting documentation of this meeting; and 2) For February 2013 Transforming Texas Action Institute to be held in Austin, TX - develop, plan, organize, facilitate, and provide report writing services for up to 72 contractors and 30 DSHS personnel; and provide logistical and operational support, including contractor registration and arrangement of audio visual equipment; and coordination activities for up to 10 speakers to include initial contact, confirmation, travel arrangements, and presentation / audiovisual requirements as well as travel reimbursement within 30 days of the facilitated meeting.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Operation Unite
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003519-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Kentucky Community Transformation Grant program (CTG-Kentucky) seeks to reduce health disparities and improve the health and well-being of Kentucky by creating healthier communities in our state. CTG-Kentucky will build capacity to improve the health of Kentucky by implementing broad evidence and practice-based policy, environmental, programmatic and infrastructure changes in all counties of Kentucky (minus Jefferson). CTG-Kentucky will work in communities to improve nutrition, increase physical activity, decrease tobacco use, increase access to clinical preventative services aimed at controlling high blood pressure and high cholesterol, as well as encouraging social and emotional well-being, aligning with "Healthy People 2020" focus areas. Building on strong program leadership at UNITE and supportive consultation from CDC, the CTG-Kentucky program staff identified key elements for a work plan and developed a structure to continue with capacity building. Highlights from this reporting period are as follows: Leadership Team development; Coordinator hiring for statewide regions; Orientation; Training; Promotion; and Leveraging. A strong Leadership Team has been assembled that includes representatives from the public health sector, community advocacy, policy, and the academic community. These individuals have contributed expertise in public health, of course, but also their knowledge of the Commonwealth and key community leaders as well as providing support for community coalition activities. Members focusing on policy have considerable expertise in tobacco control and we have leveraged that expertise to provide policy scan training to our coordinators. Finally academic community members have provided insight into interpretation of data, use of theory to guide program activities such as policy scans, evaluation and leadership in developing and implementing promotional activities. CTG-Kentucky hired 4 full-time regional Coordinators and 3 part-time regional Coordinators to provide the infrastructure needed to carry out the CTG program across the state. These coordinators will play key roles in building capacity of the CTG program and will be essential in the development of plans for implementation. Coordinators are presently conducting policy scans in all 119 counties and working with local coalitions to address the 5 focus areas of CTG: Tobacco-Free Living, Active Living/Healthy Eating, Clinical Preventive Services aimed at controlling high blood pressure and high cholesterol, Social and Emotional Wellness and Healthy and Safe Physical Environments. A series of five regional forums were held in different areas of the state to provide information about the CTG program and solicit input. Each forum was evaluated and participants provided written assessments of their communities and suggestions for future activities.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Sierra Health Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,229.00
8. Award Number:	5U58DP003522-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the Healthy Sacramento Coalition will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services. Major activities of July-December 2012 include (1) completion of a Community Health Assessment to identify communities experiencing health disparities as focus for implementation plans; (2) completion of a Policy Scan to inform priority-setting for the three strategic focus areas; (3) completion of a communications plan to support effective communication among coalition members, about the coalition to the community, and with external stakeholders; (4) engagement of 15 community-based organizations in the coalition in addition to the 62 other organizations representing different neighborhoods, issues, services, and other areas; (5) formation of a leadership team comprised of legislative representatives, other governmental officials, leaders in health systems and services, and other influential stakeholders; (6) agreement on and implementation of an organizational structure and process for identifying priorities, developing strategies, and preparing the implementation plan; and (7) initial draft of priorities and strategies for tobacco-free living.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Austen Bioinnovation Institute in Akron
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003523-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Principal Investigator and Project Director are working to create staffing plan, including volunteers, for each strategic direction.</p> <p>Austen Bioinnovation Institute of Akron (ABIA) built on the existing health coalition that is committed to planning, implementing, and evaluating the CTG activities in the community. The coalition has broad representation, including state and community leaders and individual members from multiple sectors familiar with CTG's strategic directions.</p> <p>The previously developed Leadership Team was strengthened by insuring that all 5 strategic directions and representatives from population subgroups experiencing health disparities were represented in order to provide a coordinated, multi-sectoral organizational structure for capacity building to move to implementation.</p> <p>In the first year of the cooperative agreement, four workgroups, comprised of local stakeholders in law, policy, medicine, epidemiology, and others, formed to conduct a community based health needs assessment and policy scan, which included</p> <ol style="list-style-type: none"> 1) Scan of local, state, and Federal Health Policy; 2) Surveillance and Gap Analysis of current health programming; 3) Analysis of Existing health data; and 4) Evaluation of the health coalition. <p>These activities documented assets and gaps in existing policies, environments, programs, and infrastructure.</p> <p>Additionally, ABIA, in conjunction with the leadership team and coalition members, is identifying opportunities for future resources to ensure long-term sustainability of the key CTG activities.</p> <p>All activities have been communicated, not only within the Leadership Team and the health coalition, but to community members through earned media and other means of telling our story.</p> <p>Below is the summary of the subcontracts \$25,000 and more. Additional information of smaller subcontracts is available upon request.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Summit County Public Health
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP0003523-02
4. PPHF Funding Amount:	\$173,798.00
5. Subaward Purpose:	<p>ABIA subcontracted with the Summit County Health Department (SCHD) to provide personnel to support the CTG project. The subcontract is for .5 FTE of a Community Health Administrator, .5 FTE of a Community Health Supervisor, and 1.3 FTE Epidemiology support.</p> <p>Personnel serve on all four workgroups and took the lead on the Analysis of Existing Data workgroup. The SCHD is analyzing the data collected by that workgroup and assisting the Surveillance and Gap Analysis of Current Health Programs workgroup in analyzing their data. The Community Health Supervisor co-chairs three of the workgroups with the ABIA program manager.</p> <p>Based on the analysis of existing data and outcomes of the health needs assessment, Summit County Public Health Department staff, in conjunction with ABIA, the Leadership Team, and the health coalition, are reviewing the data to identify gaps in existing policies and practices, determine populations experiencing health disparities, and prioritize opportunities to address these gaps</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Houston Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003528-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The City of Houston Community Transformation Initiative (CTI) is focused on impacting health at the population level through policy, environmental, and systems interventions. The goal of CTI is to enhance community livability and health and the easy choice is the healthy choice. A CTI Leadership Team was identified and recruited strategically to bring department heads from city planning and development services, public works and engineering, the Mayors Advisory Council on Health and Environment, METRO, Harris County Office of Public Health and Environmental Services, the regional Council on Governments, Houston - Galveston Area Council, Houston Independent School District, Urban Harvest, an urban agriculture planning organization University of Houston College of Architecture Community Design Resource Center and others. The intent and the accomplished goal was a major step forward in Houston/Harris Co. where there are many planning entities between the City and County and a disconnected network of individuals working on many issues that are transformative but without the benefit of health in the discussion or at the table. A health assessment was required as a CTG Capacity Building grantee. In July, we began this work and from the start the idea to overlay health equity on the assessment of health in Houston and Harris Co. was the goal. A community engagement process that recruited community residents from communities throughout Houston/Harris Co. for focus groups, surveys and other information gathering processes covering the city and county was employed using sub-recipients with long-time community engagement experience and recognition in Houston/Harris County. As a result of engaging a health equity expert to conduct the policy scan, it prompted use of the lens of "health equity" throughout the scan. The result provides a thoughtful discussion useful for a variety of our partners and for our "stealth coalition" who can use the findings as guidance for their planning activities. The policy scan recommendations position CTI ready to implement policy, environmental and infrastructure changes where they will have a measurable impact on community level and population based health improvement. Our focus is on bringing selected communities to the point of readiness through looking at the design of their communities and its impact on their opportunities to live active lifestyles and to eat healthy. Our communications component will place emphasis on helping us tell our story, raising more awareness of the link between community level health improvements and community design, educating policymakers in the City and working to elevate the discussion to a level beyond a grant-funded project.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Change Happens
2. Subaward Date:	08/23/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$13,000.00
5. Subaward Purpose:	<p>Change Happens works within specific communities in the City of Houston which are predominantly African-American. Change Happens has experience engaging community residents through programs offered by their organization. Change Happens assisted awardee in this capacity specifically reaching out to the African-American population. Change Happens assisted in the development of a survey related to the capacity building deliverable -Health Equity Assessment. Additionally, Change Happens assisted in distributing the survey and analyzing the results. Activities included conducting community engagement activities to collect, compile, and analyze and submit information for a final comprehensive report on community health and policy strengths, gaps and action recommendations as related to chronic disease and the strategic directions of Community Transformation. The subrecipients conducted meetings with staff, community partners, and coalition members including the presentation of the findings from information collected.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gateway to Care
2. Subaward Date:	07/24/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$28,000.00
5. Subaward Purpose:	<p>Gateway to Care works across the City of Houston and Harris County as a coalition related to health care. Gateway to Care serves as a liaison between providers and recipients within the health care system as well as between providers and other community resources. Gateway to Care, through their own work has experience engaging community residents, community organizations, and providers. Gateway to Care assisted awardee in this capacity specifically reaching out to the elderly, LGBT, veterans, and Hispanic populations. Gateway to Care assisted in the development of a survey and focus groups related to the capacity building deliverable -Health Equity Assessment. Additionally, Gateway to Care assisted in distributing the survey and analyzing the results. Activities included conducting community engagement activities to collect, compile, and analyze and submit information for a final comprehensive report on community health and policy strengths, gaps and action recommendations as related to chronic disease and the strategic directions of Community Transformation. The subrecipients conducted meetings with staff, community partners, and coalition members including the presentation of the findings from information collected.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Greater Houston Area Health Education Center
2. Subaward Date:	07/24/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	<p>Greater Houston Area Health Education Center (the sub recipient) works across the City of Houston and Harris County to provide health education to underserved populations. The sub recipient through their own work has experience engaging community residents, community organizations, community resources. The sub recipient assisted awardee in this capacity specifically reaching out to general population and the Asian American population. The sub recipient assisted in the development, distribution, and analysis of a survey related to the capacity building deliverable -Health Equity Assessment. Activities included conducting community engagement activities to collect, compile, and analyze and submit information for a final comprehensive report on community health and policy strengths, gaps and action recommendations as related to chronic disease and the strategic directions of Community Transformation. The sub recipients conducted meetings with staff, community partners, and coalition members including the presentation of the findings from information collected. Additionally, the subrecipient assisted in conducting a photovoice project. They gathered a group community residents, discussed the built and nutrition environment, and community design. This group then took pictures across the City of Houston that demonstrated barriers to good health and positive influences on health.</p>

[Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Houston Hispanic Health Coalition
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$3,000.00
5. Subaward Purpose:	The Houston Hispanic Health Coalition assisted awardee in developing strategies to engage the Hispanic population in Houston and Harris County. The coalition assisted in the development of appropriate messages related to health and livability. Additionally, the coalition provided assistance in the development of year one community transformation, capacity building deliverables including the development of a health equity assessment and a health equity policy scan report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	African American Health Coalition
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$3,000.00
5. Subaward Purpose:	The African American Health Coalition assisted awardee in developing strategies to engage the Hispanic population in Houston and Harris County. The coalition assisted in the development of appropriate messages related to health and livability. Additionally, the coalition provided assistance in the development of year one community transformation, capacity building deliverables including the development of a health equity assessment and a health equity policy scan report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Native American Health Coalition
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$3,000.00
5. Subaward Purpose:	The Native American Health Coalition assisted awardee in developing strategies to engage the Hispanic population in Houston and Harris County. The coalition assisted in the development of appropriate messages related to health and livability. Additionally, the coalition provided assistance in the development of year one community transformation, capacity building deliverables including the development of a health equity assessment and a health equity policy scan report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Asian American Health Coalition
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$3,000.00
5. Subaward Purpose:	The Asian American Health Coalition assisted awardee in developing strategies to engage the Hispanic population in Houston and Harris County. The coalition assisted in the development of appropriate messages related to health and livability. Additionally, the coalition provided assistance in the development of year one community transformation, capacity building deliverables including the development of a health equity assessment and a health equity policy scan report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Outreach Strategists
2. Subaward Date:	7/27/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$49,999.00
5. Subaward Purpose:	Outreach Strategists is a public health consulting organization with experience in community engagement, project management and coordination, and writing and editing. Outreach Strategists assisted awardee with community engagement activities specifically focused on Hispanic and Asian American populations as well as business and community leaders. Additionally Outreach Strategists assisted awardee to develop, distribute, and analyze a survey and focus groups related to the Health Equity Assessment. They also assisted in the coordination of all subrecipients and data collection across the subrecipients including collecting data for the health equity assessment and compiling the information to form a final health equity assessment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	EnviroMedia
2. Subaward Date:	08/08/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	EnviroMedia is an integrated marketing agency with 15 years of experience working on implementing public health, transportation, and environmental policy. As a subrecipient, EnviroMedia assisted the awardee to complete the following activities related to community engagement and strategic planning and branding. 1) A community engagement strategic plan that included messaging and sector based outreach was developed. 2) Message Mapping with multiple community partners 3) brand development for the Houston Community Transformation Initiative; and 4) developed the layout and design for the final reports (year 1 deliverables).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Texas School of Public Health
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$48,000.00
5. Subaward Purpose:	The University of Texas School of Public Health assisted awardee in the evaluation of community transformation activities. A logic model and the CTG capacity building plan served as a guide for the monitoring and evaluation of the project. Problems and issues were identified through review of materials and interviews with key informants who represent major aspects of the project. The evaluation team from the University of Texas School of Public Health used 5 questions as a guide for evaluation 1)were planned outputs achieved; 2)were the planned timelines met; 3)were tasks completed with adequate quality; 4) if no, why and 5) proposed solutions. The evaluation team tracks and reports the performance and successes in the overall project. They monitor each objective and associated activities within the capacity building plan. They utilize multiple methods to collect information including observation, analysis of reports, and surveys. They provided a report based on these questions so that the Houston CTI could improve activities to be efficient and effective.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Texas Health Institute
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U58DP003528-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	The Texas Health Institute (THI) assisted the awardee to conduct a year one capacity building deliverable - the Health Equity Policy Scan. THI used its own data lists and other information provided by various community partners to develop this policy scan. Activities included obtaining feedback from other subrecipients, the Leadership Team, and Coalition. THI assisted in the community engagement process to develop a survey and analyze the results. THI developed two draft policy scan reports and obtained feedback from various partners in order to develop a final policy scan report. THI assisted awardee in distributing information from the report to various partners. Additionally THI has participated in the process of developing appropriate messages related to community transformation, livability, and health.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	New Jersey Prevention Network, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003529-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Through the New Jersey Prevention Network's (NJPN) capacity-building Community Transformation Grant (CTG), NJPN has formed the Coalition for a Healthy NJ with over 125 organizational members and is working to create healthier communities across New Jersey by building capacity among our members within our 13-county service area (all New Jersey counties with populations less than 500,000). The Coalition for a Healthy NJ is focusing its work on all five of CDC's Strategic Directions for the CTG Project: Tobacco Free Living; Active Living and Healthy Eating; Increased Use of High Impact Quality Clinical and Other Preventive Services; Social and Emotional Wellness; Mental and Emotional Wellbeing; and Healthy and Safe Physical Environments.</p> <p>NJPN also established five Strategic Advisory Groups (SAGs) to bring together experts in each of the five strategic directions. These groups have met several times to help us gather data sources and map out our strategies for implementing our comprehensive needs assessment and environmental scan. We have been compiling existing statewide and county-specific epidemiological data sources, policy information and resources that will guide this process.</p> <p>NJPN will be working with local County Partners/Coalitions to assist us in our comprehensive needs assessment by drilling down to access more localized information within each of our 13 targeted counties. Through a competitive bidding process that concluded in November 2012, NJPN has selected 12 County Partners to help complete a Public Health Environmental Scan for each of the 13 counties in our service area. Their work will include 1) identifying populations experiencing health disparities; 2) conducting a policy scan and assessment related to these populations; and 3) identifying resources within these communities related to the five strategic directions.</p> <p>Using CDC's CHANGE Tool as a framework, we are in the process of finalizing tools and templates each partner will use to collect data in their county. Each partner will focus on collecting data in one county, with the exception of one partner, which will collect data in two counties.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Medicine and Dentistry of New Jersey - School of Public Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003529-02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	<p>The University of Medicine and Dentistry of New Jersey Project Team is working closely with NJPN and the Coalition for a Healthy NJ to provide technical assistance and support for effective implementation of the CTG Project. UMDNJ will be responsible for:</p> <ul style="list-style-type: none"> o Participating in the scoring and review of county partners' applications. o Identifying technical and organizational capacity gaps and strengths among coalitions, and anticipating and addressing the potential impact of these factors in an implementation phase. Refining logic models or related tools for scanning/mapping needs, resources and policies as they relate to the needs assessment and the development of the Implementation Plan. o Establishing a "needs baseline" for NJ, which will summarize the data across coalitions, providing an aggregate starting profile from which to measure change. o Documenting the level and quality of participation of the leadership team, the five Strategic Advisory Groups, the 100+ coalition members and the 13 county coalitions/partnerships. o Providing expertise related to CTG and national and state priorities concerning competencies, essential services, core public health functions, accreditation readiness, Health People/Healthy New Jersey, NJ Public Health Practice Standards, and other areas. o Providing expertise and feedback for the Comprehensive Community Health Needs Assessment Plan and the Coalition for a Healthy NJ Recruitment Plan. o Ensuring that the New Jersey Public Health Training Center, housed at the UMDNJ OPHP, is leveraged for expertise in providing and accrediting related training and workforce development Initiatives. o Coordinating sponsorship of training courses developed by NJPN on New Jersey Learning Management Network to assure credit for CHES and Public Health CE.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Tacoma Pierce County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$744,636.00
8. Award Number:	5U58DP003534-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>In the period from 9/29/12-12/30/12, the Community Transformation Partnership made great strides in creating a healthier community for all Pierce County residents. Through community based efforts we have increased our capacity to address health inequities, created access to tobacco free environments, increased access to healthy eating and active living opportunities and increased collaboration within our community to reduce chronic diseases.</p> <p>The Cross Cultural Collaborative of Pierce County has established a health equity library which is available to all interested community members and provides a diverse selection of books, DVDs, discussion guides and other media which contextualize the political and historical basis of the health inequities our communities face. The CTG partners have used these resources to understand and address health equity issues in their policy development processes.</p> <p>Upon request, Tobacco-Free Alliance of Pierce County provided technical assistance to the Tacoma Housing Authority, supporting implementation of voluntary multi-unit housing policies in 100% of all units, indoor common areas, balconies, patios, windows and entryways. The Tacoma Housing Authority board, that is not funded by CTG dollars, passed a no smoking policy on 10/24/12 that will go into effect on 3/1/13.</p> <p>With technical assistance from Healthy Communities of Pierce County, over 200,000 employees and visitors to YMCA of Pierce and Kitsap County, Metro Parks and MultiCare Health System Healthy now have access to healthy foods through vending machines and cafeterias in these organizations. Additionally, 14,648 students and staff in Clover Park school district and at Charles Wright Academy now have vending machines that offer healthy options that meet the USDA's sodium and sugar guidelines. Over 17,000 Pierce County Children are receiving 60 minutes of physical activity a day through before and after school programs at the YMCA of Pierce and Kitsap Counties and the Boys and Girls Club of South Puget Sound.</p> <p>The Coalition for Active Transportation has increased collaboration between multiple planning jurisdictions throughout the county by engaging their representatives in coalition membership.</p> <p>The Community and Clinical Preventive Services Coalition has developed a community health worker group which is assessing community health worker roles, responsibilities and trainings in Pierce County and nationally.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pierce County Medical Society
2. Subaward Date:	9/29/12
3. Subaward Number:	5U58DP003534-02
4. PPHF Funding Amount:	\$18,604.80
5. Subaward Purpose:	<p>Upon written request, assessed resident attitudes and practices regarding smoking in their homes, provided technical assistance to Tacoma Housing Authority supporting implementation of voluntary multi-unit housing policies in 100% of all units, indoor common areas, balconies, patios, windows and entryways, and provided linkages to free and low cost community-based cessation resources in multiple languages for interested THA residents.</p> <p>Planning and implementation for an educational summit to provide scientific information and best practices to interested local colleges on the health benefits of and evidence based strategies for reducing exposure to second hand smoke on campus.</p> <p>Upon request, provide technical assistance to parks districts on the health impacts of voluntary tobacco free policies and best practices for reducing exposure to second hand smoke in outdoor areas.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Comprehensive Health Education Foundation
2. Subaward Date:	9/29/12
3. Subaward Number:	5U58DP003534-02
4. PPHF Funding Amount:	\$15,976.65
5. Subaward Purpose:	<p>Provide health equity technical assistance to each CTG coalition, stakeholders, and to Leadership Groups and Teams, to include providing education and development opportunities. Review and assist in the development of educational materials and outreach strategies for each coalition and overall CTG communications (to include communication planning, event, message testing, participation, etc.), and media outreach strategies to ensure that they are culturally appropriate, reduce the potential for unintended consequences, and have a health equity focus. Review and provide input regarding strategies developed and promoted by CTG Coalitions to ensure they are firmly rooted in a strong foundation of health equity, reduce the potential for unintended consequences, appropriately engage community, and are implemented equitably.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Transportation Choices Coalition
2. Subaward Date:	9/29/12
3. Subaward Number:	5U58DP003534-02
4. PPHF Funding Amount:	\$19,849.69
5. Subaward Purpose:	<p>Upon request, provide technical assistance to local planning jurisdictions about the health benefits of active transportation. Conducted outreach and readiness assessment with multiple planning jurisdictions to determine feasibility of working with planning departments to voluntarily adopt active transportation standards. Developed complete streets and active transportation toolkit and communication collateral.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Healthy Communities of Pierce County

2. Subaward Date:	9/29/12
3. Subaward Number:	5U58DP003534-02
4. PPHF Funding Amount:	\$19,940.52
5. Subaward Purpose:	Provide technical assistance to local employers on best practices for healthy food procurement. Increase availability and access to healthy foods through development and voluntary adoption of healthy food procurement standards with local employers. Conduct assessment of current healthy food availability in local food banks. Upon request, provide technical assistance to local nonprofit organizations to review current programming policies and provide best practice information on ways to improve access to physical activity during program offerings.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pierce County Medical Society
2. Subaward Date:	9/29/12
3. Subaward Number:	5U58DP003534-02
4. PPHF Funding Amount:	\$17,839.23
5. Subaward Purpose:	The Community Clinical Preventive Services Coalition was successfully developed and has representatives from all five major health care providers in the county as well as community based organizations and community health care providers. A baseline feasibility assessment for a coordinated health information exchange in the county has been conducted. Community health worker assessment was conducted and local representatives have completed training in the state Community Health Worker training modules.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,366.00
8. Award Number:	5U58DP003540-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	During this period, the Utah Department of Health, in coordination with the participating local health departments, organized and conducted community health assessments with special emphasis on collecting data from populations experiencing the greatest health care disparities. These data were collected using community wide surveys, focus groups, and key informant interviews. A scan of enacted policies that influence healthy eating, active living, tobacco-free living, and access to high impact quality clinical services and screenings was conducted and collected in a searchable database. An assessment of partner organizations was conducted to identify key partners in each area within the state around those focus areas. A coordination committee met regularly to organize activities, and to ensure rural representation during these processes.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bear River Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Utah Public Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Davis County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southeastern Utah District Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southwest Utah Public Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00

5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Summit County Public Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Tooele County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	TriCounty Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wasatch County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Weber-Morgan Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003540-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	Funding was provided to assist local health departments in developing the capacity to address the focus areas of healthy eating, active living, tobacco-free living, and access to high impact quality clinical preventive services and screenings. Local health departments are specifically positioned to address health concerns among populations experiencing health disparities. Funding was provided to conduct community health assessments through surveys, focus groups, and key informant interviews. Sub awardees were tasked with the following activities: participate in coordination team meetings, conduct community health assessments, conduct policy scans around focus areas, and report success stories.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Ulkerreuil A Klengar (UAK)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$147,106.00
8. Award Number:	5U58DP003546-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>With project funding, Ulkerreuil A Klengar is building capacity to apply policy, environmental, program, and infrastructure change strategies to non-communicable disease prevention in the Republic of Palau. During the reporting period, UAK has: (1) developed and continuously maintained a project leadership team that meets monthly; (2) convened an initial meeting of all partners directly involved in non-communicable disease programming to strengthen communications and coordination; (3) delivered weekly radio programs supported by weekly newspaper columns that promote healthy lifestyles; (4) implemented a pilot social marketing initiative ("Kotel a Deurreng") that uses the concepts of home, health, and happiness to promote healthy lifestyles; (5) delivered a pilot physical activity intervention in the State of Melekeok with an accompanying "biggest loser" contest and supported by community gardening activities; (6) launched a physical activity challenge for school children in Melekeok; (7) assisted the State of Aimeliik to launch work on a state-specific non-communicable disease strategic plan; and (8) conducted a "community champions of transformation" contest to identify and recognize individual and community based initiatives that are making a difference. As Ulkerreuil A Klengar ended the reporting period, work in progress included expansion and further development of the coalition and production of the community health assessment required for all capacity building grantees. During the reporting period, UAK has addressed four of the five grant components, namely: tobacco-free living; healthy eating and active living; healthy and safe environments; and social-emotional wellness. Discussions are ongoing with the Ministry of Health for integrating hypertension awareness and management in year two of the project.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	D'tor
2. Subaward Date:	12/23/2011
3. Subaward Number:	5U58DP003546-02
4. PPHF Funding Amount:	\$32,150.00
5. Subaward Purpose:	<p>Overview: Inspired by the concepts of "home", "happiness", and "transformation", D'Tor developed and piloted a social marketing campaign entitled "Kotel A Deurreng" (translated as "Homeland of Happiness") with</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Spectrum Health Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$333,321.00
8. Award Number:	5U58DP003548-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Kent County Health Connect (KCHC) has been building on existing local relationships, policy-making experience and community health partners. We are actively engaging in a multi-sectoral partnership with key stakeholder organizations, qualified experts and community members that are made up of three levels of decision-making and participation, including a Leadership Team (LT), a Coalition, and other operative teams leading by the Staff. We are united to develop and implement the CTIP to reduce the burden of the chronic disease due to obesity, tobacco use and limited access to clinical preventive services in our county.</p> <p>SH is the grant fiduciary and has the responsibility to oversee the management and coordination of the program. We are a Capacity Building program. During the first year, we established the infrastructure to operate the program and to promote the communication with the broad community and current/potential partners. Using the resources available we have creating operative teams and we continue recruiting volunteers and looking for complete the sufficient and expertise staff to ensure project success. Our current challenge is implement the communication plan.</p> <p>Program Advisory Team assists KCHC with the analysis of the local data, including factors that contribute to chronic disease and the burden to population subgroups. The advisors will also provide guidance during the coalition meetings on the selection of SMARTer objectives, strategies and key activities of the CTIP according to the local data and CTG core principals.</p> <p>Marketing and Communications Advisory Team is a new team, built with volunteer experts from our partner organizations and TACTIC assistance. Members provide guidance and support to our Communication Plan.</p> <p>Leadership Team of fifteen members supports the initiative and coalition, oversee strategic direction, participate in local and national meetings and trainings, and take ultimate responsibility for ensuring changes related to strategic directions. Sectors represented are commerce, media, research, city planning, education, and health care delivery, faith-based and nonprofit organizations. Coalition integrated with representatives from the community and LT organizations; has three subcommittees of fifteen members and two trained co-chairs to facilitate the group deliberations. Existing health-related coalitions are represented, and population subgroups experiencing health disparities, unfortunately their representation is very instable.</p> <p>Community Health Need Assessment and Policy Scan- The target population and their main needs, gaps and opportunities to address them were identified. Based on these local data the coalition has oriented the selection of the objectives and strategies to build the plan. The local data looked for included the active engage population subgroups experiencing health disparities, however unlike of the AA community, the local H/L leadership and health sources are still few and weak.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kent County Health Department
2. Subaward Date:	9/30/2011 -9/29/2012
3. Subaward Number:	5U58DP003548-02
4. PPHF Funding Amount:	\$40,068.00
5. Subaward Purpose:	<p>Kent County Health Department utilized \$26,470 of their subaward in FY12 to partner with Spectrum Health Hospitals in transforming the community by providing a leadership team chair, providing expertise from their epidemiologist and to attend required CDC training. The Leadership Team Chair was a partner in building the coalition and this included recruitment of members and assisting with the development of informational documents. The chair facilitated leadership team meetings in partnership with the Project Director and Coordinator. The role required oversight and guidance in the capacity-building effort. The epidemiologist was utilized to conduct a policy scan that identified gaps in existing environments, infrastructure, policies and programs within the county. The policy scan is now guiding the proposed capacity building effort. Kent County Health Department is the prime partner in this effort and they provided support as needed and assist with communication to the coalition.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grand Valley State University
2. Subaward Date:	9/30/2011 -9/29/2012
3. Subaward Number:	5U58DP003548-02
4. PPHF Funding Amount:	\$11,800.00
5. Subaward Purpose:	<p>Grand Valley State University's Community Research Institute (CRI) utilized \$2,601 of their subaward to provide evaluation for the capacity building stage of the community transformation. They are expected to partner with Spectrum Health Hospitals to provide evaluation through the entire 5 year performance period. The Senior Researcher at CRI attended and evaluated leadership team meetings and provided evaluation guidance to the project team. CRI was essential in assisting with the evaluation report and creating SMART objectives/strategies for the program. As our evaluation specialists, they were also asked to attend all relevant webinars and trainings related to the evaluation of our community transformation.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,781,121.00
8. Award Number:	5U58DP003553-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Illinois' Community Transformation Grant is called We Choose Health (WCH), a multi-year Illinois Department of Public Health initiative to encourage and support the implementation of proactive health programs that fall under three categories: Healthy Eating and Active Living; Smoke-free Living; and Healthy and Safe Built Environment. There are 21 subawardees, covering 60 counties and impacting over 3 million people. \$3.8 million goes directly to communities to implement programs that address nutrition and access to healthier foods, to increase physical activity and to promote breastfeeding; to reduce exposure to secondhand smoke in multi-unit housing complexes and outdoor places; to improve the quality of screening and treatment for high blood pressure and cholesterol; to improve communities' built environments to increase opportunities for physical activity; and to improve the social and emotional health of students. Strategies are targeted toward serving residents in rural counties and racial and ethnic minority groups in urban areas to reduce health disparities.</p> <p>Key accomplishments for year one of We Choose Health include the following; key staff was hired, a public health educator, accountant and evaluator; Created website, Facebook and Twitter page; Leadership Team convened four meetings to provide subject matter expertise and guidance; Workgroups with over 100 members have met four times working to build peer networks to provide guidance to communities implementing WCH interventions; Posted competitive request for application for subawardees, reviewed and identified subawardees, developed work plans and funding agreements; Technical assistance providers for Baby Friendly Hospitals, Coordinated School Health, and Built Environment have been identified; Evaluator was identified and is actively engaged in the implementation of all strategies; Completed first Action Institute for subawardees providing important training and orientation on the implementation of the WCH Initiative; And have presented the WCH Initiative to a variety of stakeholders such as: public health professionals, migrant outreach workers, emergency preparedness stakeholders, minority community leaders, Governor's Office, rural health professionals, community organization leaders and State Health Improvement Plan Implementation Coordination Council.</p> <p>The Leadership Team and the staff are working to develop a sustainability plan for all of the WCH interventions. All of the subawardees were required to develop a sustainability plan, and were required to only implement interventions that would be able to continue beyond the grant funding period. In addition, the We Choose Health Leadership Team is working collaboratively with the State Health Improvement Plan Implementation Coordination Council to build infrastructure that support the sustainability of the specific work in all strategic areas.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hektoen Institute for Medical Research, LLC
2. Subaward Date:	06/01/2012
3. Subaward Number:	5U58DP003553-02
4. PPHF Funding Amount:	\$655,048.00
5. Subaward Purpose:	Implement Health Hearts Initiative to improve health in communities by working with federally qualified health centers to implement the quality improvement dashboard tool so clinicians and patients can work together to better treat and manage high blood pressure and cholesterol. This project will integrate the use of electronic medical records and population health data to get a full picture of the health in communities. The Department will develop a framework for data that will provide for scalability of datasets, infrastructure, and relationships that will provide a structured way to capture, organize, and link datasets from various sources through appropriate relationships between databases. Institute and monitor aggregate quality measures at provider and systems level using a quality improvement dashboard tool.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	
2. Subaward Date:	
3. Subaward Number:	
4. PPHF Funding Amount:	
5. Subaward Purpose:	

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,985,356.00
8. Award Number:	5U58DP003554-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The Iowa Community Transformation Grant seeks to improve statewide awareness for clinical prevention screenings and healthy lifestyle behaviors through consistent messaging in public health, primary health care, business, and community settings; and to create community-based strategies for systems and environmental changes in 26 counties to improve access for healthy opportunities. Three trainings were held for contractors on systems-level and environmental changes in communities and worksites. Local CTG communities continue completing community and worksite assessments and implementing strategies that promote physical activity and improve access to healthy foods. Advisory committee meetings have been held to receive ideas that assist with local implementation of CTG activities. Health provider toolkits have been distributed continuing to facilitate consistent messages in health care settings, worksites and community locations..

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Black Hawk County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cass County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cerro Gordo County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dallas County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Decatur County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dubuque County Board of Health

2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Grundy County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Hancock County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Henry County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Jefferson County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Johnson County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lee County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Linn County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Marion County Board of Health
2. Subaward Date:	09/30/2012

3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Mills County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Page County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Polk County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Poweshiek County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ringgold County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Scott County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Van Buren County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wapello County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02

4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Washington County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wayne County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Webster County Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$88,000.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Siouxland District Board of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$65,500.00
5. Subaward Purpose:	Local boards of health will create environmental and systems-level changes at the community level that integrate public health, primary care, worksite and community initiatives to encourage healthier lifestyles, promote wellness, and prevent the health consequences of chronic disease that are often lifestyle related.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	ZLR Ignition
2. Subaward Date:	09/30/2012-06/30/13
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$49,500.00
5. Subaward Purpose:	Develop media concepts and message strategies. Media placement in local communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Iowa College of Public Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	Provide evaluation consultation services. Revise CTG evaluation plan. Implement evaluation plan strategies for targeted projects.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Iowa Primary Care Association
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003554-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Provide training, resources, and technical assistance to local counties to help create a local referral system to reduce high blood pressure and high cholesterol

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,505,006.00
8. Award Number:	5U58DP003555-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The Massachusetts Department of Public Health (MDPH) was awarded two Community Transformation Grants serving Middlesex County and rest of state (8 County), to expand and enhance existing state efforts to prevent and reduce overweight, obesity, chronic diseases and associated risk factors. Grant activities have been integrated into existing state infrastructure with MDPH providing oversight of both grants. An overview of CTG strategic areas with accomplishments from Oct-Dec 2012 is provided below. Healthy Eating/Active Living: Mass in Motion (MIM), the state of Massachusetts's community-based obesity prevention initiative, provides grant funding and technical assistance to 52 communities to create environments that increase access to healthy foods and opportunities for physical activity. From Oct to Dec 2012 accomplishments of CTG funded communities include development and implementation of complete streets guidelines, inclusion of healthy eating/active living language in citywide master plans and open space plans, participation of local schools in the national Safe Routes to School program, completion of walking and biking audits to identify gaps in local infrastructure related to pedestrians and bicyclists and addition of healthier food choices in local convenience stores. Tobacco Free Living: The Massachusetts Tobacco Cessation and Prevention Program (MTCP) works to reduce secondhand smoke in multi unit housing. From Oct-Dec 2012 MTCP finalized a tracking form to track properties that prohibit smoking on premises, educated local public housing personnel on secondhand smoke, conducted tenant outreach, surveys and information sessions, and provided resources to support smokers who wish to quit. Clinical Initiatives : CTG clinical initiatives work to improve health outcomes and reduce disparities for people with or at risk for chronic disease by implementing clinical systems change and enhancing community-clinical linkages. From Oct – Dec 2012 MDPH conducted preliminary data analysis of approximately 90,000 de-identified unique patient encounters and is developing feedback reports with actionable information for care teams at the CHCs, drafted a Train-the-Trainer QI Coach curriculum, outlined a Culturally and Linguistically Appropriate Services (CLAS) training module for CHC staff, and compiled community resources for asset mapping. MDPH is currently developing a bi-directional Community Rx that links patients, primary care providers and participating community agencies. Evaluation: A multi-faceted evaluation plan has been developed to assess the impact of CTG grant activities on a multitude of healthy eating/active living, clinical and tobacco measures. From Oct - Dec 2012 MDPH submitted a detailed evaluation plan to the CDC for grant activities, developed a preliminary list of approximately 20 journal articles on CTG activities, and completed preliminary analysis of first round of clinical data from participating community health centers.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	County of Barnstable
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Brockton
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Franklin Regional Council of Governments
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dukes County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hampshire Council of Governments
2. Subaward Date:	09/30/2012

3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Holyoke
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Town of Nantucket
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Northern Berkshire Community Coalition, Inc
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Town of Lee
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Town of Plymouth
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Mass in Motion programs focus on specific projects including increasing the accessibility, availability and affordability of healthy food, improving school nutrition, increasing physical activity and creating a safe physical environment for active living.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	UNIVERSITY OF MASS
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$33,011.40
5. Subaward Purpose:	The Health Geography Lab (HGL) at University of Massachusetts Medical School will work with the MDPH to design a new BRFSS sample scheme that will increase the proportion of respondents from communities in the eight target counties. HGL will provide prevalence estimates and associated standard errors for partner communities. Using responses to the BRFSS and other administrative data, HGL will compute annual prevalence estimates for current smoking, obesity, diabetes, physical activity, nutrition (5 fruits and vegetables), hypertension, and cholesterol.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	CAUSEMEDIA INC
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$38,121.00
5. Subaward Purpose:	Providing communications technical assistance including message development, earned media support and material development for Middlesex communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS
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2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	<p>Mass League will be responsible for</p> <ul style="list-style-type: none"> ⌚ Data collection elements, performance measures for all sites ⌚ Baseline data collection and analysis in agreed upon format ⌚ establishment of an improvement plan for each site based on identified areas of need related to BP, cholesterol, tobacco and diabetes ⌚ Establishing site level teams at each site including a clinical champion, case manager, patient representative and IT ⌚ Site specific practice coaching for implementing system changes for IT and clinical supports based on the improvement plan ⌚ Development of procedures for accuracy of BP measurement, training on CLAS standards and medical interpretation training ⌚ Management of contracts to individual communities ⌚ Assisting sites in establishing community linkages

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	COUNTY OF BARNSTABLE (TOBACCO)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$41,250.00
5. Subaward Purpose:	Community Partnerships are regional networks that promote MTCP goals at the local level. For this grant, they will focus on reducing exposure to secondhand smoke in multi-unit housing and education about the price and promotion of tobacco products.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	PUBLIC HEALTH ADVOCACY INSTITUTE, INC.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003555-02
4. PPHF Funding Amount:	\$26,250.00
5. Subaward Purpose:	Contractor will focus on reducing exposure to secondhand smoke in multi-unit housing and education about the price and promotion of tobacco products.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	[Enter the subaward recipient name.]
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	City of Philadelphia Public Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,547,297.00
8. Award Number:	5U58DP003557-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>In Philadelphia, too many residents live in environments that make it difficult to be healthy. Through the Community Transformation Grant (CTG), the Philadelphia Department of Public Health (PDPH) and its partners are helping to make the healthy choice, the easy choice. Philadelphia's CTG initiative is focused on 4 strategic directions: Tobacco free living, Active living and health eating, Increased use of high impact clinical preventive services, and Healthy and safe physical environments. To address these issues, PDPH is implementing interventions in 6 interconnected sectors that determine the health of individuals and populations: the Built environment, Retail environment, Workplace environment, Educational environment, Health care environment, and Media environment. Key interventions include: promoting smoke-free recreation spaces and homes; increasing access to healthy foods in corner stores, supermarkets, and take-out restaurants; supporting healthy eating and active living in schools; removing cost-related barriers to chronic disease management through health insurers; and educating the public about the health effects of excessive sugary drink and sodium consumption.</p> <p>Our five-year goals for CTG are to: 1) Reduce smoking prevalence from 25.2% to 22% among all adults and from 31% to 27% among adults living in poverty, 2) Decrease smoking-attributable mortality from 2,468 deaths per year to 2,200, 3) Reduce overweight-obesity prevalence from 66.3% to 63% among all adults and from 72% to 68% among Black adults, 4) Reduce the overweight and obesity prevalence from 40.7% to 38% among all youth and from 47% to 43% among Black children, 5) Decrease age-adjusted heart disease mortality from 237.6 to 213 per 100,000 and reduce Black-White disparities by at least 5%, and 6) Decrease age-adjusted stroke mortality from 47.3 to 42.6 per 100,000 and reduce Black-White disparities by at least 5%.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Philadelphia Housing Authority
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$101,004.00
5. Subaward Purpose:	PHA is the designated public housing authority for Philadelphia and the 4th largest housing authority in the country. PHA will work to promote smoke-free environments for approximately 35,000 low-income Philadelphians through education and systems change. PHA will also work to link its residents with quit-smoking resources available in the community, through insurance providers, and via public funding (e.g., PA Free Quitline). Related objectives include: Reduce secondhand smoke exposure for 35,000 low-income Philadelphians living in multi-unit public and assisted housing developments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Drexel University School of Public Health
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	DSPH faculty, led by Dr. Ann Klassen, will help PDPH conduct formative and outcomes evaluation of smoke-free housing, including measurement of smoking norms and attitudes, smoking and quitting behaviors, and secondhand smoke exposure at baseline and after smoke-free changes are implemented. Related objectives include: Reduce secondhand smoke exposure for 35,000 low-income Philadelphians living in multi-unit public and assisted housing developments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Thomas Jefferson University School of Population Health
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	JSPH and the Greater Philadelphia Business Coalition (GPBCH) on Health will work with PDPH to develop, implement, and evaluate a value-based insurance design (VBID) initiative targeting large self-insured employers. The VBID would remove copayments for blood pressure, cholesterol and tobacco cessation medications. Large employers would work with their insurers to offer such a plan and develop systems for monitoring its effects. JSPH and GPBCH would make the business case for offering VBID. Related objectives include: Improve control of hypertension, high cholesterol, and smoking for 200,000 Philadelphians by implementing value-based insurance benefits in 25 mid to large-sized employers in Philadelphia.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Temple University Center for Asian Health
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	CAH will work with the Asian Community Health Coalition to develop, implement, and evaluate an initiative to get Chinese take-out restaurant owners to reduce the sodium and fat content of their foods. CAH and the Coalition will recruit restaurants, assess current practices, educate restaurant staff and consumers, vet options for changing ingredients and/or preparation techniques, and then implement changes. Related objectives include: Decrease sodium and fat content of foods and decrease sales of tobacco at 200 take-out Chinese restaurants by implementing nutrition and tobacco standards and providing education, training, and recognition to owners and chefs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Food Trust
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	The Food Trust will work with PDPH on two initiatives: a) maintaining a network of healthy corner stores and developing a certification program based on food and tobacco sales, and b) expanding farmers' markets in low income communities and increasing SNAP redemption at farmers' markets. Related objectives include: Increase sales of produce and low-sodium products and decrease junk food and tobacco sales at 600 corner stores through procurement support, healthy food marketing, and business training; tobacco education and enforcement; and healthy corner store certification. Expand Philly Food Bucks, triple SNAP redemption, and implement smoke-free policies at all farmers' markets in the city (~40) and establish 5 new markets in low-income neighborhoods.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Neiman Group
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$370,000.00
5. Subaward Purpose:	Neiman Group will create and/or modify media messages and manage and buy media placements for our multi-media sugary drinks education initiative. The firm will work closely with the Media Specialists and the experts from Annenberg to review findings from market assessments to develop messages that are understandable and appealing and/or to modify existing messages to tailor them for Philadelphia audiences. The media placements will include those for TV, radio, outdoor advertising, print media, public transit, web, and social media, such as text messaging. Media placements will be critical in achieving sufficient exposure among target audiences to lead to changes in norms, intentions, and behaviors. Related objectives include: Continue multi-media education initiative to raise awareness, change norms, and decrease consumption of sugary drinks among African-American and low-income White caregivers and their children.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Management Corporation
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003557-02
4. PPHF Funding Amount:	\$63,999.00
5. Subaward Purpose:	The Smoke-Free Initiatives Coordinator will be employed via contract through PHMC. The Smoke-Free Initiatives Coordinator will plan, implement, and coordinate several initiatives designed to reduce secondhand smoke exposure by increasing the number of 100% smoke-free areas in Philadelphia.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,256,347.00
8. Award Number:	5U58DP003558-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Washington State Department of Health has executed contracts with five local health departments that serve as Healthy Communities Hub leaders for their perspective region, three contracts with organizations that are leveraging funds to provide support and training for implementing our transformation plan, and eight additional contracts needed to support the work across the state. We have made improvements to our system, including contract and fiscal management, which is informing the future and direction of our state health system. The Community Transformation Grant has enabled us to establish and grow a statewide leadership team and a statewide coalition of coalitions interested in improving the health of our state. The leadership team, which is comprised of heads of state agencies, the Governor's office, community organizations, and health care, is engaged and has committed to making changes in all four strategic areas. The Prevention Alliance, our coalition of coalitions, is a public and private partnership that in a short time has made incredible progress. For the first time in our state, we have convened organizations that are not traditionally health focused with coalitions and other health related organizations to create a strategic roadmap for improving the health of Washingtonians. The roadmap and educational briefing documents created are instrumental in moving our environmental and system changes forward. Additionally, we have leveraged the work of multiple chronic disease programs to increase our statewide impact and reach; to include heart disease, stroke, and diabetes, chronic disease prevention and health promotion, tobacco, and nutrition physical activity and obesity programs.</p> <p>In addition to our systemic changes and collaborative partnership development, we continue to experience success in implementing our plan across four strategic areas of focus: tobacco-free living, Healthy Eating and Active Living, Safe Physical Environments, and Quality Clinical Preventive Services.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Comprehensive Health Education Foundation
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$570,749.00
5. Subaward Purpose:	N19390 -CHEF will provide support, on a statewide and local level, in implementing Washington's Community Transformation Grant. On a local level, CHEF will provide technical assistance on the strategies planned in the Community Transformation Implementation Plan to five Healthy Communities Hubs. On a state wide level, CHEF will provide leadership, staffing, logistical and coordination support for the Prevention Alliance (PA). The PA is a statewide coalition of coalitions that will develop the statewide prevention platform - strategies to reduce and prevent chronic disease and associated risk factors

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington Association of Community and Migrant Health Centers
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	N19422 - WACMHC will support healthcare training activities with Federally Qualified Health Centers in conjunction with Healthy Communities Washington Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clark County Health Department
2. Subaward Date:	10/01/2011
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$232,548.00
5. Subaward Purpose:	C16880 - The purpose of the contract is to provide funding for regional infrastructure development and activities in four strategic areas of the Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grays Harbor County Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$258,387.00
5. Subaward Purpose:	C16885 - The purpose of the contract is to provide funding for regional infrastructure development and activities in four strategic areas of the Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Whatcom County Health Department

2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$289,080.00
5. Subaward Purpose:	C16907 - The purpose of the contract is to provide funding for regional infrastructure development and activities in four strategic areas of the Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grant County Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$196,982.00
5. Subaward Purpose:	C16884 - The purpose of the contract is to provide funding for regional infrastructure development and activities in four strategic areas of the Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Spokane Regional Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$173,254.00
5. Subaward Purpose:	C16902 - The purpose of the contract is to provide funding for regional infrastructure development and activities in four strategic areas of the Community Transformation Implementation Plan

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Educational Service District (ESD) 112
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58DP003558-02
4. PPHF Funding Amount:	\$184,353.00
5. Subaward Purpose:	ESD 112 will provide logistical coordination for 19 trainings from February to September 2013. The intent of the training is to build the knowledge and skills of the public health workforce and strategic partners in developing sustainable healthy communities and environments

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Fresno County Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,695.00
8. Award Number:	5U58DP003561-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Fresno CTG has been very productive during this 6-month period. Local health department internal capacity has been strengthened, new staff has been trained and significant progress has been made toward the development of the Fresno Community Transformation Implementation Plan (CTIP). The Fresno Leadership Team, Community Coalition and topic-specific work groups have been meeting with over 74 active participants. There are currently 19 members of the Leadership Team, 15 of which were actively involved during this time period (directly or by sending a representative). There were two Community Coalition meetings, two topic-specific trainings, and ten work group meetings held during this six month time period. Fifty-nine unique individuals representing a wide variety of community-based organizations, agencies, and individuals participated. Both the Leadership Team and the Community Coalition accomplished a number of key activities, including: 1) developing a draft of their guiding principles; 2) attending training on one of Fresno's strategic directions (healthy and safe physical environments), and a training on adult-youth partnerships; 3) participating in work group meetings (healthy eating/active living, farm-to-school, tobacco-free living, and healthy and safe physical environments); and 4) providing feedback to Fresno CTG staff on community health assessment activities.</p> <p>The community health assessment was initiated, including: 1) the collection and summarization of local secondary chronic disease data; 2) policy scans around healthy eating, tobacco-free living, and healthy and safe physical environments; 3) conducting nine diverse focus groups with 118 participants; and 4) the completion of three photovoice activities (youth and adults). The Coalition workgroup participants worked on policy scans for three of the four strategic directions. The tobacco-free living policy scan has been completed. The healthy eating and healthy and safe physical environments scans are nearing completion. The information from the policy scans is being included in the community health assessment results. Additionally, the Community Coalition reviewed all the data collected and provided feedback to Fresno CTG staff and the Leadership Team regarding prioritizing strategies to be included in the Community Transformation Implementation Plan.</p> <p>The Baby-Friendly Hospital Initiative (BFHI) early intervention pilot project has continued to move forward. As part of the early implementation clinical preventive services strategy, a separate BFHI Hospital Consortium was initiated. The purpose of the consortium meetings is to allow the six delivery hospitals an opportunity to meet regularly, to receive training, technical assistance, and peer support in pursuit of the Baby-Friendly Hospital Designation. The Hospital Consortium met four times, working with all six local delivery hospitals, two of which have committed in writing to pursue Baby-Friendly Hospital Designation.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Valley Health Policy Institute (CVHPI)
2. Subaward Date:	09/30/2012
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	CVHPI is a nonprofit under the California State University, Fresno Foundation. The professors and their team have a high level of expertise in research, program evaluation, with a special focus on health equity and system change efforts. CVHPI will provide staff and expertise to develop and implement each program evaluation activity, including the community health assessment, policy scan, primary data collection and analysis, program process evaluation, and Community Transformation Implementation Plan development.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Toiyabe Indian Health Project
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003562-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Toiyabe Indian Health Project (TIHP) is a two-site health clinic in Eastern California serving eight Paiute and Shoshone Tribal communities. TIHP provides comprehensive medical services to over 3,000 Native Americans in Inyo and Mono Counties. The TIHP service area covers 13,359 square miles (an area larger than nine US states), and includes Mount Whitney, the highest point in the continental US and Death Valley, the lowest point in the nation. During our initial year of capacity building we made marked progress toward achieving CTG program goals. Our 10-member Leadership Team, representing the local school district, the county health department, and Tribal leadership, meets on a monthly basis. In July, we focused on CTG staff training and development, which emphasized CDC reporting requirements, state-level trainings, and networking with other CTG awardees. In August, CTG staff worked to initiate two exercise promotion pilot projects which focus on 1) developing infrastructure that supports sustainable, active lifestyles and 2) building collaborative partnerships with the City of Bishop and the Bishop Paiute Tribe. In September, we hosted a technical assistance site visit for a representative from the Prevention Impact Simulation Model (PRISM), who trained us to use the statistical modeling tool that will shape our three-year implementation plan. Also in September, we coordinated a two-day community workshop for Partnership Coalition members to strengthen relationships, strategize future plans, and launch the second year of capacity building work. Attendees represented a wide variety of community and Tribal organizations. Our CDC Project Officer and technical assistance providers, Mark Fenton and FHI 360, chaired sessions at the workshop. In October, we continued Partnership Coalition development by meeting with nine Coalition members to continue the progress and momentum we initiated at the workshop. Upon invitation, we gave presentations at Tribal Council meetings to inform the Councils about our work and answer questions. We were also invited to conduct voluntary community health assessments for these Tribes. In November, we completed, piloted, and finalized a community health assessment tool that will provide us with an enhanced understanding of the health-related environmental and policy conditions of our service area. Upon invitation, we also continued presenting to local Tribal Councils about CTG strategies and answering questions. In December, we were asked by the City of Bishop to begin the first of our physical activity infrastructure pilot projects. By creating a free, publicly-accessible outdoor exercise center, they intend to affect positive, active lifestyle changes in both Indian and non-Indian populations. We anticipate the pilot will be up and running by February 2013, with our role being to monitor usage and evaluate the pilot's success throughout the spring and summer of 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Stanislaus County Health Services Agency
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$293,899.00
8. Award Number:	5U58DP003573-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	CTG – Capacity Building: The purpose of this program is to create healthier communities by building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate in large counties. The program supports the implementation of interventions in strategic direction aligning with "Healthy People 2020" focus areas. Community Transformation is achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Stanislaus County Health Services Agency will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three strategic directions: tobacco-free living, active living and healthy eating, and high impact clinic preventive services. Summary of activities these past six months, finalizing the community health assessments including conducting focus groups, environmental scans, key information interviews and summarizing secondary data findings in all three strategic priorities (i.e., tobacco-free living, active living and healthy eating and high impact clinical preventive services. Four of the five infrastructure components are in motion. Both the Leadership Team and HEART/CTG Coalition meet on a regular basis. Each group have participated in training opportunities including priority area topics, health equity, jurisdiction-wide strategies, best practices, and PRISM.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Samuels and Associates
2. Subaward Date:	09/30/12
3. Subaward Number:	
4. PPHF Funding Amount:	\$32,000.00
5. Subaward Purpose:	Samuels and Associates will facilitate community focus groups to obtain feedback on potential strategies and sites of service. Focus groups topic areas will be healthy eating and active living, tobacco-free living and retail environment. Samuels and Associates will also serve as evaluation consultant and assist in the development/design of evaluation methodologies during strategic planning sessions for the implementation plan.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ChangeLab Solutions
2. Subaward Date:	
3. Subaward Number:	
4. PPHF Funding Amount:	
5. Subaward Purpose:	

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Montana Department of Public Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$769,195.00
8. Award Number:	5U58DP003576-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Montana Department of Public Health and Human Services' four strategic focus areas: Tobacco Free Living; Active Living and Health Eating; Clinical and Other Preventative Services; and Healthy and Safe Environment.</p> <p>Smoke-free housing: Improved protection for multi-unit housing residents from secondhand smoke, improved knowledge about the dangers of secondhand smoke in the multi-unit housing. Provide support to multi-unit housing owners and managers with expanding or improving compliance of smoke free standards. Educate tenants about the dangers of secondhand smoke in multi-unit housing with a public education campaign, to be released in the fall of 2012. Support implementation of smoke-free standard incentives for recipients of the Low Income Housing Tax Credit.</p> <p>Baby-Friendly: Increase the number of Montana hospitals with a Baby-Friendly designation, which in turn will increase discharge and exclusive breastfeeding rates statewide. Provide resource and collaboration opportunities along with incentives and technical assistance to Montana hospitals delivering babies to become a Baby-Friendly Certified hospital.</p> <p>Worksites: Increase support of evidence-based standards to improve healthy eating, physical activity, breastfeeding promotion and tobacco cessation in Montana's largest worksites (with 250 or more employees). Provide technical assistance to large Montana employers in support of written, evidence-based worksite wellness standards.</p> <p>Clinical: Increase the number of Montana adults with access to systems that support high blood pressure and/or high cholesterol control in healthcare settings. Practices with electronic health records and quality improvement infrastructure will participate in activities such as developing registries and using decision support tools to improve outcomes for patients with high blood pressure and high cholesterol. Practices must complete one blood pressure and one cholesterol quality improvement project. In Year 1, five Montana hospitals were selected.</p> <p>Built Environment: Increase support of evidence-based active living and active transportation standards by local governments to create or enhance access to places for Montanans to be physically active. Our 5-year objective will expand the healthy and safe physical environment in Montana's 20 largest communities. We will work to see these communities implement written active living/active transportation standards by providing technical assistance, mentorship and resources.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Arnold Agency
2. Subaward Date:	December, 17, 2012
3. Subaward Number:	5U58DP003576-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Create public health media campaign to increase awareness and support for Smoke Free Housing statewide. Develop CTG communications plan and breastfeeding toolkits.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Montana
2. Subaward Date:	October 17, 2012
3. Subaward Number:	5U58DP003576-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Promote Smoke Free Housing standards at all community multi-unit housing sites statewide.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Montana State University - AHEC (Area Health Education Center)
2. Subaward Date:	October 15, 2012
3. Subaward Number:	5U58DP003576-02
4. PPHF Funding Amount:	\$177,120.00
5. Subaward Purpose:	Funded 5 hospitals and provide technical assistance with hospital quality improvement related to blood pressure and cholesterol.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lewis & Clark County
2. Subaward Date:	November 13, 2011
3. Subaward Number:	5U58DP003576-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Promote and extend built environment programming in Lewis & Clark County (implementing their leading edge complete streets-related standards) and serve as statewide team member and county-to-county mentor for additional, targeted Montana localities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Yellowstone County
2. Subaward Date:	Ocotber 22, 2012
3. Subaward Number:	5U58DP003576-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Promote and extend built environment programming in Yellowstone County (implementing their leading edge complete streets-related standards) and serve as statewide team member and county-to-county mentor for additional, targeted Montana localities.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,320,000.00
8. Award Number:	5U58DP003578-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	Implement promising practices to increase healthy eating and physical activity opportunities for children where they live, learn and play

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Curry County
2. Subaward Date:	11/15/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Curry County

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Socorro
2. Subaward Date:	11/7/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Socorro County

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guadalupe County Health Planning Board
2. Subaward Date:	11/21/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Guadalupe County

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pueblo de San Ildefonso
2. Subaward Date:	11/7/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in San Ildefonso Pueblo

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hobbs Municipal Schools
2. Subaward Date:	10/25/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Hobbs Public School District

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Las Cruces Public Schools
2. Subaward Date:	11/15/12
3. Subaward Number:	5U58DP003578-02

4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Las Cruces Public Schools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	McKinley County
2. Subaward Date:	10/29/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in McKinley County.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Well Balance LLC
2. Subaward Date:	12/17/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$38,000.00
5. Subaward Purpose:	Support the Community Transformation Grant to expand opportunities for increased physical activity for children where they live, learn and play.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Anthony
2. Subaward Date:	11/15/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in the City of Anthony

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Paula Camp
2. Subaward Date:	12/17/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Curry County

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Santa Clara Pueblo
2. Subaward Date:	10/25/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Santa Clara Pueblo

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Van Hecke Consulting
2. Subaward Date:	11/21/12
3. Subaward Number:	5U58DP003578-02
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Coordinate local efforts to increase healthy eating and physical activity opportunities for children where they live, learn and play in Lea County

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	The Sault Ste. Marie Tribe of Chippewa Indians
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003582-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the Sault Ste. Marie Tribe of Chippewa Indians will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following four "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, and healthy and safe physical environment. Under Tobacco-free Living this CTG project is implementing evidence-based strategies to protect people from secondhand smoke, increasing outdoor venues where tobacco use is prohibited and implementing strategies to prevent and reduce tobacco use among youth. To increase healthy eating, the Sault Tribe project is developing a regional healthy food access council which will implement strategies to increase the availability, accessibility, affordability, and identification of healthy foods and beverages. Our focus on childhood obesity prevention has involved our Tribal Early Childhood Program and nine school districts across our service area. A workgroup, established to complete activities related to increasing the number of people covered by systems or opportunities that support control of blood pressure and cholesterol, developed new clinical guidelines for medical management of Hypertension and for Dyslipidemia based on national standards. This CTG project has also had success in efforts to establish community design standards to make streets safe for all users. Our goal is to increase non-motorized transportation infrastructure in the community, including sidewalks, bike lanes, and shared use paths through the implementation of Complete Streets practices and jurisdiction-wide non-motorized transportation plans. A partnership with the Tribal Transportation Department has resulted in efforts to increase miles of sidewalks, trails and crosswalks on Tribal lands. Our vision is that these efforts will increase physical activity levels of tribal members and their families, thereby reducing rates of cardiovascular disease, diabetes and obesity in adults and children.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Aubrey Bitson
2. Subaward Date:	11/01/2012
3. Subaward Number:	5U58DP003582-02
4. PPHF Funding Amount:	\$7,920.00
5. Subaward Purpose:	<p>The Sault Tribe's focus on childhood obesity prevention includes a concentrated effort to increase the number of school districts within the Sault Tribe's seven county service area that adopt and implement voluntary comprehensive school district-wide nutrition and physical activity policies.</p> <p>Ms. Bitsom was sub-contracted to serve as a School Champion for three school districts in the Sault Tribe of Chippewa Indians seven county service area. In her capacity as School Champion Ms. Bitsom's duties include:</p> <ol style="list-style-type: none"> 1. Assist the school in recruiting and maintaining a Coordinated School Health team (CSHT) for each school building. 2. Facilitate CSHT meetings in order to complete the Healthy School Action Tool assessment, and develop an action plan for improvement. 3. Record the HSAT assessment and School Action Plan on the MI Health Tools website. 4. Maintain CSHT meeting minutes and record of attendance. 5. Provide technical assistance to these schools in policy, systems and environmental changes related to improving the environment for healthy eating and physical activity. 6. Support the school in the implementation of the National Nutrition Standards required by the Healthy Hunger Free Kids Act. 7. Review and evaluate the Local Wellness Policy for each school district using the WellSat Tool. 8. Assist the schools in the submission of School Deliverables. <ol style="list-style-type: none"> a) Roster of Coordinated School Health Team members at each school building. b) CSHT meeting minutes and record of attendance. c) Completed Healthy School Action Tool results. d) Completed HSAT Action Plan for each school building. e) Completed WellSat Tool for each school building. 9. Assist the CTG Management team with planning and implementation of training opportunities for the CTG Schools. 10. Maintain regular communication with the Sault Tribe CTG Management Team regarding school based program implementation. <p>To date all three school districts Ms. Bitsom is sub-contracted to assist with have formed Coordinated School Health Teams and initiated assessments of their current school health environment. The school districts are developing an action plan to adopt and implement voluntary comprehensive school district-wide nutrition and physical activity policies.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Paula Ackerman
2. Subaward Date:	11/01/2012
3. Subaward Number:	5U58DP003582-02
4. PPHF Funding Amount:	\$18,480.00

5. Subaward Purpose:	<p>The Sault Tribe's focus on childhood obesity prevention includes a concentrated effort to increase the number of school districts within the Sault Tribe's seven county service area that adopt and implement voluntary comprehensive school district-wide nutrition and physical activity policies.</p> <p>Ms. Ackerman was sub-contracted to serve as a School Champion for four school districts in the Sault Tribe of Chippewa Indian's seven county service area. In her capacity as School Champion Ms. Ackerman's duties include:</p> <ol style="list-style-type: none"> 1. Assist the school in recruiting and maintaining a Coordinated School Health team (CSHT) for each school building. 2. Facilitate CSHT meetings in order to complete the Healthy School Action Tool assessment, and develop an action plan for improvement. 3. Record the HSAT assessment and School Action Plan on the MI Health Tools website. 4. Maintain CSHT meeting minutes and record of attendance. 5. Provide technical assistance to these schools in policy, systems and environmental changes related to improving the environment for healthy eating and physical activity. 6. Support the school in the implementation of the National Nutrition Standards required by the Healthy Hunger Free Kids Act. 7. Review and evaluate the Local Wellness Policy for each school district using the WellSat Tool. 8. Assist the schools in the submission of School Deliverables. <ol style="list-style-type: none"> a) Roster of Coordinated School Health Team members at each school building. b) CSHT meeting minutes and record of attendance. c) Completed Healthy School Action Tool results. d) Completed HSAT Action Plan for each school building. e) Completed WellSat Tool for each school building. 9. Assist the CTG Management team with planning and implementation of training opportunities for the CTG Schools. 10. Maintain regular communication with the Sault Tribe CTG Management Team regarding school based program implementation. <p>To date all four school districts (7school buildings) Ms.Ackerman is sub-contracted to assist with have formed Coordinated School Health Teams and completed an assessment of their current school health environment. The school districts are developing an action plan to adopt and implement voluntary comprehensive school district-wide nutrition and physical activity policies.</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003582-02
4. PPHF Funding Amount:	\$84,440.00
5. Subaward Purpose:	<p>Michigan Public Health Institute was sub-contracted to provide evaluation for the Sault Tribe CTG Project. A major piece of the Evaluation Plan is to conduct a population-based surveillance study in the Sault Tribe's 7-county service area. MPHI developed a survey which would allow us to meet the CDC requirements for assessing the 5 core measures for our Native American population. A final survey was completed in October 2012 after pilot of an initial draft. The survey was submitted for IRB review and agreements, forms and mailing materials were finalized. MPHI finalized a sampling plan based on the Tribal enrollment list and a GIS mapping of households. The initial mailing invite was sent to 4511 households on December 6, 2012. Initial survey packets were mailed to households on Friday December 14th, 2012. To date 525 completed surveys have been received and are being processed. MPHI has also collected baseline data to assess outcomes associated with environmental changes targeting tobacco use and exposure in worksites. The evaluation team has also assisted in development of a survey tool to measure knowledge, attitudes, and beliefs regarding commercial tobacco use and secondhand smoke exposure among tribal employees.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,024,661.00
8. Award Number:	5U58DP003583-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The initiative is working to transform the health of communities across South Carolina. CTG actively supports statewide and local evidence-based strategies to improve health in the areas of tobacco use reduction, increased physical activity and healthy eating, and reduction in heart disease related mortality, with an emphasis on hypertension and cholesterol control. The initiative also has a strong community engagement component, so that one of its legacies will be increased capacity to address public health related issues that are identified as community priorities at the local level.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Carolina Eat Smart Move More
2. Subaward Date:	11/9/2012
3. Subaward Number:	5U58DP003583-02
4. PPHF Funding Amount:	\$712,000.00
5. Subaward Purpose:	ESMM is working to develop a comprehensive county approach that encourages built environment that supports regular walking, biking, public transportation use and other forms of physical activity. Active Community Environments are communities where people of all ages and abilities can be active on a routine, daily basis. ESMM is working to develop a comprehensive county approach that encourages an environment that supports improved access to healthy and affordable food. Those choosing these strategies will utilize the HSCI Community Engagement Toolkit to develop a comprehensive plan. ESMM works to create formal agreements between school districts and non-school organizations to share use of facilities, implement the CATCH K-8 classroom curriculum, CATCH Kids Club afterschool curriculum, and/or CATCH Early Childhood preschool curriculum, implement the Alliance Healthy Schools Program Framework of Criteria through the 6 Step Process for building a healthier school environment and implement the HYPE program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Carolina Tobacco Collaborative
2. Subaward Date:	11/28/2012
3. Subaward Number:	5U58DP003583-02
4. PPHF Funding Amount:	\$600,000.00
5. Subaward Purpose:	SCTFC is working to establish smoke-free environments in all indoor workplaces, churches and public places. SCTFC works with communities to develop a comprehensive plan. 1) By engaging key partners and stakeholders in planning and effort coordination, 2) Educate community members of the dangers of secondhand smoke (SHS) exposure in the workplace and public places and 3) Educate key decision makers on the benefits of and current trends for smoke-free indoor workplaces and public places. SCTFC is working to establish a tobacco-free environment on college and university campuses to reduce exposure to secondhand smoke and promote the benefits of tobacco-free living. They work with communities to develop a comprehensive plan to engage university stakeholders, provide education, and work towards tobacco-free campus policy adoption and implementation. Efforts may involve expanding upon an existing smoke-free campus or buildings policy.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of South Carolina
2. Subaward Date:	12/19/2012
3. Subaward Number:	5U58DP003583-02
4. PPHF Funding Amount:	\$135,000.00
5. Subaward Purpose:	USC is responsible for providing training and development for CTG. USC has worked to develop and implement the HSCI Community Engagement Toolkit training conducted on November 5, 2012 at USC with 28 members of the project teams trained. Training included a broad overview of the toolkit and in-depth activities to frame how to use in the community including a County Health Profile demonstration. TOP training conducted for 14 DHEC / HSCI Coordinators to enhance group facilitation skills. Follow-up series scheduled for 2013. USC served as the lead for the COPAScites Project to develop and implement a survey instrument. 50 surveys completed by 23 funded programs. 2013 Trainings to be developed based on results. USC serves as the principal evaluator for CTG.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Medical University of South Carolina
2. Subaward Date:	11/28/2012
3. Subaward Number:	5U58DP003583-02
4. PPHF Funding Amount:	\$675,000.00
5. Subaward Purpose:	OQUIN is working to increase the number of primary care practices that deliver evidence-based clinical and preventive services from 108-216. OQUIN added 16 new sites during the last quarter and will exceed our 5-year goal for sites serving adult patients and are close to our goal for pediatric practices. Practices adopting USPSF guidelines: Our current report covers the ABCS and we note over 25 physicians achieved heart/stroke certification this year. We hired 6 Quality Improvement Professionals covering 6 practices to focus on improving care around the ABCS. The 7th practice is trying to hire one. All six have taken White and Yellow Belt Lean Sigma Training and five participated in Green Belt training. In addition to our QI Pros, we had 12 others from DHEC and Palmetto Primary Care take the White Belt training/exam, 4 took Yellow Belt training and the exam and one took Green Belt training. Continuation to occur in 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Confederated Tribes of the Chehalis Reservation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$498,663.00
8. Award Number:	5U58DP003587-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Chehalis Tribe Community Transformation Project's target population is the residents of the Chehalis Reservation and the township of Oakville. This is a rural area; the population of the Chehalis Reservation is 691 and the population of Oakville is 684. The target area is isolated and is considered a food desert. The median income is lower and the rate of unemployment higher than the Washington State average. Both communities are in Grays Harbor County (GHC) which is a recognized Health Provider Shortage Area (HPSA). GHC also has a higher rate of residents living in poverty as compared to the rest of the state. All of these factors contribute to Grays Harbor County's ranking as 36 of 39 in Health Outcomes and 39 of 39 in Health Factors of counties in Washington State. The Grays Harbor County Health Assessment of 2010 states that " Grays Harbor County residents are sicker longer and die younger from chronic disease relating to tobacco use, poor diet and physical activity." The CTR funds are an exciting opportunity to begin and/or continue the work of environmental change and health status improvement. The first months of the grant were administrative in nature. The next step was to communicate about the Community Transformation Grant with the communities, recruit team members and create interest in the project. Year 1 and 2 are planned to be Capacity Building which is important as we are dealing with 2 distinct and separate, very rural communities. This means that we are communicating with our communities, team building, gathering information and sharing information. Activities in the reporting period of July through December include: Hold regular meetings of the Community Coalition and the Leadership Team; Coordinate and collaborate with existing coalitions, activities and events; Collaborate with the Chehalis Tribe's Education Department's Back to School Event; Collaborate with the Oakville City Schools' Back to School Event; Participate in the Oakville Schools Student Health Fair; Participate in the Chehalis Tribe's Annual Meeting; Staff presented at the American Indian Health Commission of Washington State's biennial Tribal Leaders Health Summit; Continue to work on the Community Health Needs Assessment and Policy Scan; Conduct 3 Personal Opinion Surveys and 1 "On the spot" survey; Mail a CTR Year One Activity Report to all Oakville Post Office box holders and all Chehalis Tribal Members.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Bernalillo County Environmental Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$497,353.00
8. Award Number:	5U58DP003593-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The purpose of this grant is to create a healthier Bernalillo County by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in Bernalillo County; and 2) supporting implementation of such interventions in five strategic directions aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Bernalillo County will develop an implementation plan that addresses policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. While in the capacity building phase, this award specifically addresses the following three "Strategic Directions:" tobacco-free living, active living and healthy eating, and high impact evidence-based clinical and other preventive services. During YR 01 of funding CINCH conducted the following activities: 1) a detailed health assessment to update, consolidate and analyze chronic disease data for the county and for sub-populations within the county, with special attention to low-income populations, especially Hispanics and Native Americans; 2) a policy/environmental scan to examine existing and needed policies, environments, programs and infrastructure that impact on chronic disease; 3) a Training Academy to building necessary capacity and skills both among the project staff and community partner organizations in the areas of health equity, social determinants of health, health impact assessments, community engagement and results-based accountability; and 4) a communication assessment to help us draft a strategic communication plan in order to increase awareness and support of the development and implementation of the Community Transformation Grant (CTG) strategies with the overall goal of preventing and reducing chronic disease burden in Bernalillo County while moving to eliminate disparities.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	UNM Prevention Research Center (PRC)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003593-02
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	5. The PRC was contracted to conduct a Policy Scan on policies that have a direct bearing on the high priority chronic diseases identified by the project team prioritizing the CDCs minimum recommendations for evidence based policy initiatives. The PRC produced a policy scan report that assess and inventories existing policies and policy gaps that may contribute to either the prevention or promotion of the priority chronic diseases in Bernalillo County

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Media Literacy Project
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003593-02
4. PPHF Funding Amount:	\$49,200.00
5. Subaward Purpose:	MLP was contracted to develop a strategic communication plan in order to increase awareness and support of the development and implementation of CTG strategies with the overall goal of preventing and reducing chronic disease burden in Bernalillo County while moving to eliminate disparities. The plan included the development of a communication assessment of target audience awareness and attitudes toward prevention; the establishment of a communication network to increase efficient and effective communication between and among partner organizations; dissemination of future messaging utilizing an array of communication outlets; and the adaptation of CDC messaging for local use.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	University of Wisconsin System/Board of Regents
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,695,253.00
8. Award Number:	5U58DP003597-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the University of Wisconsin will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following three "Strategic Directions:" tobacco-free living, active living and healthy eating, and high impact evidence-based clinical and other preventive services.</p> <p>To attain these goals, during the reporting period, the Wisconsin Clearinghouse for Prevention Resources, University of Wisconsin-Madison and partners working on the Transform Wisconsin initiative accomplished the following: 1. Developed and presented a grantee-focused webinar series on smoke-free multi-unit housing, comprehensive farm to school programs, joint use agreements, and participatory photo mapping; 2. Collaborated with 28 local grantees in producing strategic and coordinated workplans with resources allocated in line with the strategic directions; 3. Transform Wisconsin grantees were trained in three strategic areas by attending a Community Health Assessment and Group Evaluation (CHANGE) workshop and an Active Communities Action Institute (both offered in collaboration with Wisconsin's Nutrition, Physical Activity and Obesity Program), a Statewide Initiatives Meeting (offered in collaboration with Wisconsin's Tobacco Prevention and Control Program); 4. Submitted four abstracts to a public health conference 5. Refined the evaluation plan and CDC Core Measure Report per CDC guidance and requirements; 6. Developed performance tracking system for grantees and contractors; 7. Oriented grantees and contractors to evaluation plan to ensure alignment with interventions and projects; 8. Obtained IRB exemption certificates for all Transform Wisconsin evaluations; 9. Continued asset mapping efforts to refine high impact evidence-based clinical strategy; 10. Submitted a comprehensive Annual Progress Report to CDC.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Health First Wisconsin (HFW)
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$520,000.00
5. Subaward Purpose:	HFW provides training and technical assistance to state partners and community grantees to support PSE changes in the strategic areas of physical activity, food systems and tobacco-free living. HFW also provides strategic leadership through participation in the leadership and committees.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jump at the Sun Consulting
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	This contract has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Media Firm - TBD
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$240,000.00
5. Subaward Purpose:	This contract has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Web Firm - TBD
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	This contract has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	YMCA
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02

4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	A contract with the YMCA has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Wisconsin-Madison Nutritional Sciences Department
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$67,594.00
5. Subaward Purpose:	During the reporting period, the University of Wisconsin- Madison, Nutritional Sciences Department accomplished the following: 1. Assisted with evaluation plan updates and refinement of planned evaluation methods and measures (mini-SHOW, F2S surveys, preliminary ideas for physical activity measures); 2. Assisted with grantee orientation of the evaluation plan; 3. Assisted with the orientation of Transform Wisconsin staff and partners to the evaluation plan to ensure alignment with interventions and related projects; 4. Assisted with IRB exemption applications from UW-Madison for all Transform Wisconsin evaluation; 5. Assisted with the completion of Five Core Measures report to CDC; 6. Assisted with the preparation of the performance tracking system for grantees and contractors; 7. Began recruitment of farm to school and joint use agreement sample (i.e. creation of the screening tools and answered questions); 8. Assisted with monitoring plan (public opinion polling).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Wisconsin Population Health Sciences Department
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$67,593.00
5. Subaward Purpose:	University of Wisconsin-Madison Population Health Sciences partners were funded to assist in overall evaluation, specifically through the Survey of the Health of Wisconsin. During the reporting period the School of Public Health – Population Health accomplished the following: 1. Assisted with evaluation plan updates and refinement of planned evaluation methods and measures (mini-SHOW, public opinion polling, surveys, etc.); 2. Lead the IRB application processes for Transform Wisconsin evaluations; 3. Performed the analysis of SHOW data for submission in the Five Core Measures report; 4. Completed the implementation of the mini-SHOW baseline data collection in six Transform Wisconsin counties; 5. Prepared the database for mini-SHOW data entry; 6. Submitted two abstracts for the Wisconsin Public Health Association conference; 7. Assisted with grantee orientation of the evaluation plan; 8. Assisted with orientation of Transform Wisconsin staff and partners to the evaluation plan to ensure alignment with interventions and related projects; 9. Assisted with the preparation of the performance tracking system for grantees and contractors.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Wisconsin Survey Center
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	A contract with the University of Wisconsin Survey Center has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	UW Milwaukee - Center for Urban Initiatives Research (CUIR)
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	University of Wisconsin-Milwaukee partners were funded to fulfill smoke-free air evaluation. This component of the evaluation efforts entails an in depth evaluation of the six Transformation communities, an owner/operator survey and a tenant survey. During the reporting period, the University of Wisconsin-Milwaukee CUIR accomplished the following: 1. Assisted with evaluation plan updates and refinement of planned evaluation methods and measures (mini-SHOW, public opinion polling, surveys, etc.); 2. Assisted with grantee orientation of the evaluation plan; 3. Assisted with orientation of Transform WI staff and partners to the evaluation plan to ensure alignment with interventions and related projects; 4. Assisted with the completion of 5 core measures report to CDC; 5. Assisted with the preparation of the performance tracking system for grantees and contractors; 6. Created the design for the MUH outcome evaluation; 7. Began recruitment of smoke-free multi-unit housing sample (i.e. creation of the screening tools and answered grantee questions); 8. Designed Wisconsin BRFS questions to assess impact of tobacco strategies.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	UW Center for Integrated Agricultural Systems
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	This contract has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	UW Extension
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$26,000.00
5. Subaward Purpose:	This contract has not yet been executed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Marathon County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02

4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The Marathon County Health Department was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in their county, focusing on K-12 school districts and low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with school districts and other community stakeholders to support sustainable, comprehensive farm to school programs, and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Rock County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The Rock County Health Department was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in their county, focusing on K-12 school districts and low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with school districts to support sustainable, comprehensive farm to school programs and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Kenosha County Division of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The Kenosha County Division of Health was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in their county, focusing on Kenosha Unified School District elementary schools, and low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with the school district to support sustainable, comprehensive farm to school programs and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	La Crosse County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The La Crosse County Health Department was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in their county, focusing on K-12 school districts and low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with school districts and other community stakeholders to support sustainable, comprehensive farm to school programs, increased access to healthy food for low-income populations, and increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Winnebago County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The Winnebago County Health Department was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in their county, focusing on K-12 school districts and low-income populations in the city of Oshkosh. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with school districts to support sustainable, comprehensive farm to school programs and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Northeastern Wisconsin Area Health Education Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The Northeastern Wisconsin Area Health Education Center was funded to work with its community partners on all three TransformWI strategic areas (Tobacco Free Living, Healthy Food Systems, and Active Communities) in Manitowoc County, focusing on K-12 school districts and low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP). They are also working with school districts to support sustainable, comprehensive farm to school programs and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Live54218
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Live54218 was funded to work with its community partners on two TransformWI strategic areas (Healthy Food Systems and Active Communities) in Brown County. They began working with school districts to support sustainable, comprehensive farm to school programs and increase access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wood County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The Wood County Health Department was funded to work with its community partners on two TransformWI strategic areas (Healthy Food Systems and Active Communities) in their county. Their jurisdiction-wide approach brings together schools, farmers, businesses, non-profits, and other stakeholders within the county. To begin, their work focuses on supporting sustainable, comprehensive farm to school programs and increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association of Wisconsin
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The American Lung Association of Wisconsin was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area in Ashland County, which has a rural designation from the CDC. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Action for Healthy Living
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Community Action for Healthy Living was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area in Outagamie County, focusing on low-income populations in cities/towns. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Polk County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Polk County Health Department was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area in their county, which has a rural designation from the CDC. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Madison & Dane County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Public Health Madison & Dane County was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area, focusing on low-income populations in the cities of Madison and Fitchburg. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fond du Lac County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Fond du Lac County Health Department was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area, focusing on low-income populations in the cities of Fond du Lac and Ripon. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	La Crosse County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The La Crosse County Health Department was funded to work on TransformWI's Tobacco Free Living strategic area in Monroe County, which has a rural designation from the CDC. With community partners, they began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Ozaukee County Public Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Ozaukee County Health Department was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area in their county, focusing on low-income populations. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Focus on Community
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Focus on Community was funded to work with its community partners on TransformWI's Tobacco Free Living strategic area in Racine County, focusing on low-income populations in the cities of Racine and Burlington. They began providing guidance on public and private voluntary smokefree multi-unit housing and building awareness about Other Tobacco Products (OTP).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Viroqua Area School District
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Viroqua Area School District was funded to work with its community partners on TransformWI's Healthy Food System strategic area in Vernon County, which has a rural designation from the CDC. They began working with multiple school districts to support sustainable, comprehensive farm to school programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Rivers Farmshed
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Central Rivers Farmshed was funded to work with its community partners on TransformWI's Healthy Food System strategic area in Portage County. They began working with the Stevens Point Area School District to support sustainable, comprehensive farm to school programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	REAP Food Group
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The REAP Food Group was funded to work with its community partners on TransformWI's Healthy Food System strategic area in Dane County. They began working with the Madison Metropolitan School District to support sustainable, comprehensive farm to school programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Development Alternatives
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Community Development Alternatives was funded to work with its community partners on TransformWI's Healthy Food System strategic area in Crawford County, which has a rural designation from the CDC. They began working with school districts to support sustainable, comprehensive farm to school programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Columbia County Economic Development Corporation
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Columbia County Economic Development Corporation was funded to work with its community partners on TransformWI's Healthy Food System strategic area in their county, which has a rural designation from the CDC. They began working with school districts to support sustainable, comprehensive farm to school programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sparta-Tomah-Norwalk School Districts
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00

5. Subaward Purpose:	The Sparta, Tomah, and Norwalk School Districts were funded to work with their community partners on TransformWI's Healthy Food System strategic area in Monroe County, which has a rural designation from the CDC. They began working to support sustainable, comprehensive farm to school programs.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Communities United in Education
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Communities United in Education was funded to work with its community partners on TransformWI's Active Communities strategic area in Burnett County, which has a rural designation from the CDC. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Richland County Health and Human Services
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Richland County Health and Human Services was funded to work with its community partners on TransformWI's Active Communities strategic area in their county, which has a rural designation from the CDC. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	P. L. A. Y. Dane
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	P. L. A. Y. Dane was funded to work with its community partners on TransformWI's Active Communities strategic area in Dane County, focusing on low-income populations. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clark County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The Clark County Health Department was funded to work with its community partners on TransformWI's Active Communities strategic area in their county, which has a rural designation from the CDC. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The East Central Wisconsin Regional Planning Commission
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	The East Central Wisconsin Regional Planning Commission was funded to start work with its community partners on TransformWI's Active Communities strategic area in Shawano County, which has a rural designation from the CDC. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Healthier Together - St. Croix County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003597-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Healthier Together - St. Croix County was funded to work with its community partners on TransformWI's Active Communities strategic area in their county, with a focus on low-income populations. They began working with school districts to support increased access to physical activity opportunities through joint use agreements.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Hennepin County Human Services and Public Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,156,212.00
8. Award Number:	5U58DP003598-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Hennepin County will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following "Strategic Directions:" tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services. These strategies will also impact social and emotional wellness. Activities support: active recess in Minneapolis public and private charter elementary schools; bicycle and pedestrian plans; active living policies in Minneapolis, Bloomington, Edina, and Richfield; healthy eating in institutions (e.g., municipalities, park and recreation centers, and after-school programs); increased access to fruit, vegetables, water, and healthy beverages in school lunch rooms; clinic best practice guidelines (e.g., health information technology, care coordination and follow-up, integrating community health workers and pharmacists into clinic systems); smoke-free environments in private and public multi-unit housing; and decreased access to tobacco for youth in retail outlets. This work is supported by a Leadership Team, community coalitions, a communication plan, and several Healthy Living Hubs.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Association for Non-smokers -- Minnesota (ANSR)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	In support of tobacco-free living, contractor supports the development and implementation of voluntary policies for smoke-free environments in private and public multi-unit rental housing.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bloomington Public Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$199,004.00
5. Subaward Purpose:	In support of active living , healthy eating, health care, and tobacco-free living strategies, the contractor supports the development of active living policies in Bloomington, Edina, and Richfield; healthy eating in municipal vendors and their contractors; improved access to fruits and vegetables, water, and healthy beverages in schools; clinic best practices regarding hypertension and high blood cholesterol; the development of voluntary smoke-free environments in private multi-unit rental housing, and decreased access to tobacco for youth in retail environments; and the development of a Health Living Hub.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Minneapolis Department of Health and Family Support
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$266,435.00
5. Subaward Purpose:	In support of active living , healthy eating, health care, and tobacco-free living strategies, the contractor supports the development of active living policies in Minneapolis; active recess in Minneapolis public and charter elementary schools; healthy eating in park and recreation centers and after-school programs; clinic best practices regarding hypertension and high blood cholesterol; the development of voluntary smoke-free environments in private and public multi-unit rental housing; decreased access to tobacco for youth in retail environments; and the development of a Health Living Hub.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Law Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$45,000.00
5. Subaward Purpose:	The contractor will support tobacco-free living by providing technical assistance to municipalities who invite Hennepin County and its contractor to assist them in protecting youth from exposure to tobacco products in the retail environment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hennepin County Medical Center (HCMC)
2. Subaward Date:	11/23/2012
3. Subaward Number:	5U58DP003598-02

4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	The contractor will support clinic best practice guidelines in Medicine Clinics by supporting care coordination, other effective care delivery systems, and referral to community resources for a low-income population.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	SARX
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	The contractor will develop a Healthy Living Hub to link CTG strategies to community resources for students and families in a low-income area of Brooklyn Park.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Independent School District 286 (Brooklyn Center)
2. Subaward Date:	11/15/2012
3. Subaward Number:	5U58DP003598-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	The contractor will develop a Healthy Living Hub to link CTG strategies to community resources for students and families in Brooklyn Center schools and the surrounding low-income community.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	University of Rochester
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$733,703.00
8. Award Number:	5U58DP003599-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>HEART continued to build and refine the infrastructure necessary to support the community transformation goals for our community. HEART core staff members implemented the reporting, programmatic, and evaluation requirements set forth by the funding agency. An additional staff member was hired to coordinate CTG milestones that will reach the Deaf and Hard of Hearing population in Monroe County. HEART staff coordinated monthly work team meetings, and held regular meetings with subcontractors to assist them with meeting milestones and overcoming barriers. Our expert team worked collaboratively to build the infrastructure for implementing the ABCs of the Million Hearts campaign within the local health care system.</p> <p>One leadership team meeting was held during this reporting period. HEART staff participated in a number of events to disseminate CTG messaging. In October, the HEART Program Manager attended the CTG sessions of the American Public Health Association's Annual Meeting. These sessions allowed attendees to gain guidance on effective strategies for achieving community transformation. In December, our Principal Investigator, Dr. Nancy Bennett was a panelist for a national webinar on workplace wellness. During the webinar Dr. Bennett discussed the HEART worksite wellness index that was developed by our CTG. The index is part of our healthy eating and physical activity strategy and will be offered to local businesses to help them develop comprehensive worksite wellness improvement plans. HEART partnered with local coalitions to implement tobacco free educational events and to develop strategies for establishing tobacco free policies on local college campuses. HEART also collaborated with a local community partner to build a cadre of champion clinicians who will implement baby-friendly policies in their practices. In addition, the University of Rochester's Healthy Living Center developed educational modules for an on-line behavioral counseling tool for the prevention of high cholesterol that will be implemented in 2013.</p> <p>Program evaluators worked closely with the implementation team, to develop evaluation plans and to the capture appropriate metrics such as reach rates and program impact. Our CTG was selected to participate in the national CTG cost study and HEART staff coordinated the first data collection.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Foodlink
2. Subaward Date:	10/23/2012
3. Subaward Number:	5U58DP003599-02
4. PPHF Funding Amount:	\$27,971.00
5. Subaward Purpose:	<p>During the reporting period, community partner and sub-awardee, Foodlink, increased access to healthy foods by planning, coordinating and establishing "Harvest Events". The Harvest Events are part of HEART's pilot food hub project to bring affordable fresh produce to populations with limited access to fruits and vegetables. Foodlink operated four farm stands and facilitated three "harvest festivals" that included cooking demonstrations. At least 350 people attended the Harvest Fests and approximately 1000 pounds of food was distributed.</p> <p>Foodlink's food bank acquired resources to meet the rapid processing of fresh fruit and vegetables to increase healthy food options to low income and for underserved populations at risk for hunger. Foodlink's Value Added Processing program also included workforce development training that enabled cooks enrolled in Foodlink's six week culinary program to prepare, process, package, and market raw local products. Three classes were conducted within the reporting period. Foodlink also collaborated with a corner store in a high risk community which now sells fresh fruit and vegetables.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Great Lakes Inter-Tribal Council, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,982.00
8. Award Number:	5U58DP003605-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	We are making excellent progress towards completing health needs assessments and policy scans with Tribes. We are preparing for Implementation by building capacity for policy, system, and environmental changes among Tribal communities through workshops, meetings, and site-visits by GLITC CTG staff. Data entry and analysis of completed community health surveys are on-going. Results of the surveys will be given to each Tribe once the analysis is complete. Tribe-specific report writing is currently underway by GLITC.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bad River Band of Lake Superior Tribe of Chippewa Indians
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003605-02
4. PPHF Funding Amount:	\$36,957.00/year
5. Subaward Purpose:	Bad River has completed data collection; the analysis of their community health survey is complete. Bad River has also completed their policy scan. GLITC is currently writing a report containing the results from their community health assessment and policy scan to assist them in determining their areas of greatest need. The coalition at Bad River is in place.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sokaogon Chippewa Community: Mole Lake Band of Lake Superior Chippewa
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003605-02
4. PPHF Funding Amount:	\$36,957.00/year
5. Subaward Purpose:	Sokaogon Chippewa has completed data collection for their community health survey; Sokaogon Chippewa's policy scan is complete. Data entry of the community health survey is currently underway. The coalition at Sokaogon Chippewa is in place.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	St. Croix Chippewa Indians of Wisconsin
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003605-02
4. PPHF Funding Amount:	\$36,957.00/year
5. Subaward Purpose:	St. Croix has completed data collection for their community health survey; St. Croix's policy scan is complete. GLITC is currently assisting them in forming their coalition.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Stockbridge-Munsee Community: Band of Mohican Indians
2. Subaward Date:	9/30/2012
3. Subaward Number:	[En5U58DP003605-02
4. PPHF Funding Amount:	\$36,957.00/year
5. Subaward Purpose:	Stockbridge-Munsee has completed data collection for their community health survey and data entry is complete; Stockbridge-Munsee's policy scan is complete. GLITC will begin the analysis of their community health survey soon. The coalition at Stockbridge-Munsee is in place.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,574,982.00
8. Award Number:	5U58DP003608-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Massachusetts Department of Public Health (MDPH) was awarded two Community Transformation Grants serving Middlesex County and rest of state to expand and enhance existing state efforts to promote social and emotional wellness and prevent and reduce overweight, obesity, chronic diseases and associated risk factors. Grant activities have been integrated into existing state infrastructure with MDPH providing oversight of both grants. An overview of CTG strategic areas with accomplishments from Oct-Dec 2012 is provided below.</p> <p>Social/Emotional Wellness: CTG communities documented community safety risks during year 1 of the grant using the photovoice technique and presented findings to decision makers. From Oct-Dec 2012 best practices from year 1 photovoice projects were identified and used to inform year 2 project planning. Healthy Eating/Active Living: Mass in Motion, the state of Massachusetts's community-based obesity prevention initiative, provides grant funding and technical assistance to 52 communities to create environments that increase access to healthy foods and opportunities for physical activity. From Oct to Dec 2012 accomplishments of CTG funded communities include promotion of healthier food choices in local restaurants, convenience stores, and vending machines, participation of local schools in the national Safe Routes to School program, and launch of a winter farmers market. Tobacco Free Living: The Massachusetts Tobacco Cessation and Prevention Program (MTCP) works to reduce secondhand smoke in multi unit housing. From Oct-Dec 2012 MTCP finalized a tracking form to track properties that prohibit smoking on premises, educated local public housing personnel on secondhand smoke, conducted tenant outreach, surveys and information sessions, and provided resources to support smokers who wish to quit. Clinical Initiatives: CTG clinical initiatives work to improve health outcomes and reduce disparities for people with or at risk for chronic disease by implementing clinical systems change and enhancing community-clinical linkages. From Oct – Dec 2012 MDPH developed feedback reports for care teams at the CHCs, drafted a Train-the-Trainer QI Coach curriculum, outlined a Culturally and Linguistically Appropriate Services (CLAS) training module for CHC staff, and compiled community resources for asset mapping. Evaluation: A multi-faceted evaluation plan has been developed to assess the impact of CTG grant activities on a multitude of healthy eating/active living, clinical and tobacco measures. From Oct -Dec 2012 MDPH submitted a detailed evaluation plan to the CDC for grant activities, developed a preliminary list of approximately 20 journal articles on CTG activities, and completed preliminary analysis of first round of clinical data from participating community health centers</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Cambridge
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Everett
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Lowell
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Medford
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Melrose
2. Subaward Date:	09/30/2012

3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Somerville
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Town of Hudson
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	Funding will go to the towns of Framingham-Marlborough-Hudson, a tri-city collaborative. Funding allocated will be used to work on implementing changes to support health lifestyles. The collaborative will receive matching funds of \$60,000 from the Metrowest Health Care Foundation

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Malden
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Waltham Partnership For Youth, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	The purpose of this sub award is to implement systems and environmental change strategies to increase healthy eating and active living. Grantee will use the funds to transform where their residents live, work, play and go to school so that they can lead healthier, more productive lives. Grantee will have an additional focus on reducing disparities and health inequities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	PRESIDENT AND FELLOWS OF HARVARD COLLEGE
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Purpose is to implement a pilot project to test out data collection tools and study protocols to investigate corner store initiatives for the Community Transformation Grants.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	METROPOLITAN AREA PLANNING COUNCIL
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003608.02
4. PPHF Funding Amount:	\$550,000.00
5. Subaward Purpose:	MAPC assists with program coordination of CTG program in Middlesex county providing grant coordination, technical assistance, and direct community funding and program management for strategic directions. MAPC manages some subcontracts directly including youth interventions, clinical interventions, mini-grants and some technical assistance providers.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Lancaster General Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$233,577.00
8. Award Number:	5U58DP003612-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>This summary of activities is for the period from September 30, 2012 to December 31, 2012. Lancaster County Community Transformation Grant, now known as LiveWELL Lancaster County, continues to work to identify key players and coalitions within Lancaster County. LiveWELL continues to convene a Leadership Team of 18 individuals, representing healthcare systems, schools, faith-based organizations, and minority outreach centers. LiveWELL has also worked this quarter with the Tobacco-Free Coalition of Lancaster County and Lighten Up Lancaster County (LULC) to continue restructuring of their strategic plans to incorporate measurable policy, systems, and environmental changes.</p> <p>In partnership with the Tobacco-Free Coalition (TFC) and the YWCA of Lancaster County, LiveWELL provided information to and developed resources for TFC members and YWCA staff based on community health needs assessment data, and acknowledged municipalities that became Young Lungs at Play (YLAP) communities through the media and in community newsletters.</p> <p>In partnership with LULC and the Coalition for a Bicycle Friendly Lancaster, Lancaster City continued to develop an action plan to make the city more hospitable to bicycle riders. In partnership with LiveWELL, Dream Ride Project, and LULC, the City of Lancaster submitted an application in October to the Environmental Protection Agency to receive technical assistance under the Building Blocks for Sustainable Communities program. During this quarter, LiveWELL brought the concept of the Center for Healthy Schools to Lancaster County by convening meetings with the School Wellness Councils to better understand their needs and challenges.</p> <p>The United Way of Lancaster County President (and also CTG LT member) provided Community Conversations training in October to 15 community partners who facilitated health focused conversations across the county during this period.</p> <p>LiveWELL, in partnership with Lancaster County Business Group on Health and Lancaster County Health Improvement Partnership, is currently working to organize a county health summit, to be held in May 2013.</p> <p>LiveWELL is working to finalize promotional materials and its website, which will be available in the second quarter of Year 2.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Mid-America Regional Council Community Service Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$683,208.00
8. Award Number:	5U58DP003613-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>During the first quarter of Year 2 of the Community Transformation Grant, the Mid-America Regional Council Community Services Corporation (MARC) continued to provide fiscal, managerial and programmatic leadership. MARC oversaw the final revisions and submission of our Year 2 Community Implementation Plan and Evaluation Plan. MARC has identified and strengthened key community partnerships to help with the implementation of evidence-based practices to improve health outcomes. In this capacity, MARC has actively engaged with representatives from a wide range of cross-sector settings – schools, work sites, local governmental agencies, safety net clinics, faith-based and other neighborhood and community groups. MARC developed an informational tool kit on smoke-free multi-unit housing, drafted a communications plan and supported activities at the community level that facilitated the development of pilot programs in the areas of smoke-free parks, healthy vending in the workplace, community gardens, drafted a program plan for a Healthy Corner Store program in food deserts/areas of food insecurity, and initiated discussions with the Housing Authority of Kansas City to implement smoke-free multi-unit housing. MARC worked with three safety net clinics to increase their capacity to provide preventive clinical services focused on addressing chronic disease and diabetes. MARC continued work to educate local government stakeholders about Complete Streets policies and active transportation, and began work to educate officials about the benefits of using health impact assessment tools. MARC and its core partners have outlined steps to continue broadening its programmatic reach over the next and subsequent quarters of the CTG to support policy and environmental changes that improve health conditions for all Jackson County residents.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The City of Kansas City, Mo. Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003613-02
4. PPHF Funding Amount:	\$191,778.00
5. Subaward Purpose:	<p>During the first quarter of Year 2 of the Community Transformation Grant, three local public health departments serving as partners (sub-recipients) – the city of Kansas City, Mo. Health Department (KCHD), city of Independence, Mo. Health Department, and Jackson County, Mo. Health Department have supported work to finalize our Year 2 Community Implementation Plan and Evaluation Plan. As a result of our team's work plan to increase access to healthy and fresh food, provide opportunities for safe physical activity and active living, protect individuals from secondhand smoke exposure, and improve preventive clinical services for the uninsured and underinsured, each health department has identified and strengthened key community partnerships to help with the implementation of evidence-based practices to improve health outcomes. KCHD has focused their work with three community organizations, Mid-America Coalition on Health Care, Communities Creating Opportunity (CCO) and Metropolitan Organization for Racial and Ethnic Equality (MORE2). Their work has focused on advancing policy and environmental change for healthy vending practices by the city of Kansas City, Missouri, and area businesses. A workshop was held in October 2012 for area businesses and a toolkit produced and disseminated. KCHD has participated with a collaborative on school wellness policies, and is supporting work to address healthy eating and physical activity policy in the 12 school districts within Jackson County. The two faith based organizations (CCO and MORE2) have worked to address improved access to preventive clinical services and access to healthy food.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Independence Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003613-02
4. PPHF Funding Amount:	\$148,100.00
5. Subaward Purpose:	<p>During the first quarter of Year 2 of the Community Transformation Grant, three local public health departments serving as partners (sub-recipients) – the city of Kansas City, Mo. Health Department (KCHD), city of Independence, Mo. Health Department, and Jackson County, Mo. Health Department have supported work to finalize our Year 2 Community Implementation Plan and Evaluation Plan. As a result of our team's work plan to increase access to healthy and fresh food, provide opportunities for safe physical activity and active living, protect individuals from secondhand smoke exposure, and improve preventive clinical services for the uninsured and underinsured, each health department has identified and strengthened key community partnerships to help with the implementation of evidence-based practices to improve health outcomes. The city of Independence Health Department has focused on increasing access to healthy food through two grant initiatives, developing a Healthy Corner Store program and expanding access to community gardens. The Independence Health Department is also working on increasing the number of smoke-free business campuses and parks and smoke-free multi-unit housing.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jackson County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003613-02
4. PPHF Funding Amount:	\$143,330.00
5. Subaward Purpose:	<p>During the first quarter of Year 2 of the Community Transformation Grant, three local public health departments serving as partners (sub-recipients) – the city of Kansas City, Mo. Health Department (KCHD), city of Independence, Mo. Health Department, and Jackson County, Mo. Health Department have supported work to finalize our Year 2 Community Implementation Plan and Evaluation Plan. As a result of our team's work plan to increase access to healthy and fresh food, provide opportunities for safe physical activity and active living, protect individuals from secondhand smoke exposure, and improve preventive clinical services for the uninsured and underinsured, each health department has identified and strengthened key community partnerships to help with the implementation of evidence-based practices to improve health outcomes. The Jackson County Health Department is focused on smoke-free parks and reduced smoking by youth. In addition, the Jackson County Health Department is working on the Healthy Corner Store initiative and expanding access to community gardens.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Kern County Public Health Services Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$416,577.00
8. Award Number:	5U58DP003616-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Call to Action for a Healthy Kern (CTA), our local coalition, is in its second year of capacity building under the Community Transformation Grant (CTG) from the Centers for Disease Control to Kern County Public Health Services Department (KCPHSD). CTA is composed of seven working groups and a Leadership Team, and five staff from KCPHSD.</p> <p>The first quarter of year two has been focused on a few projects. Late in October 2012, the Worksite Wellness Working Group held the first annual Worksite Wellness Summit. The summit provided CTA a starting point to gather ideas and strategies for worksite wellness, future work for this working group may involve sharing of ideas through trainings or technical assistance to create sustainable worksite wellness programs.</p> <p>CTA's Community Working Group has chosen to work with a local community—the Virginia Park area, represented by East Bakersfield United for Peace. In the past, the Virginia Park has been known as a place with a high crime rate and an overall negative environment. East Bakersfield United for Peace has been working in helping the residents "take back" the community. Through help from CTA, East Bakersfield United for Peace was able to hold its first Community Resource Fair at the Virginia Park. CTA has provided the organization with a community partner that helps teach safe biking skills. They've also began to create linkages with the Sheriff's Active League to promote youth sports.</p> <p>The Healthcare Working Group has been planning the implementation of a pilot site for Prescriptions for Health. This pilot will demonstrate the viability of implementing this project countywide. Prescriptions for Health is a project meant to transition the healthcare system from direct services to preventive services. CTA will continue to work on creating linkages within the community to increase access to existing active living and healthy eating resources.</p> <p>CTA's Schools and Early Education Working Groups have worked on developing and implementing survey tools to determine if wellness standards are being met. Grading scales for childhood development centers will be developed to encourage centers to meet or excel in their nutrition and physical activity requirements for children under their care. Similarly, the School Wellness Policy Survey seeks to gather successful strategies for meeting healthy nutrition and physical activity levels in K-12 schools, creating a database of such strategies will provide schools with tools and resources for adapting these projects to their own campuses. The Schools Working Group has also been in the planning stages of implementing a Pockets of Excellence award for faculty or educators that are leaders in promoting and providing physical activities for children and youth.</p> <p>Along with these activities, Call to Action has also made an effort to train its partners on health equity and sharing success stories, as well as distributing any information to the general public.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Samuels and Associates
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003616-02
4. PPHF Funding Amount:	\$41,658.00
5. Subaward Purpose:	<p>Samuels and Associates (S&A) have been the evaluators of Call to Action (CTA) and the work CTA is involved in. The evaluators dedicated time in Year 2, Quarter 1 to writing the report to describe the different activities they were involved in within the community. For example, S&A conducted a community health needs assessment in five communities chosen by CTA in Fiscal Year 2011. S&A analyzed and synthesized the information into five case studies describing the community, secondary data, and its strengths and weaknesses, and the report also provides recommendations for the community to consider for improving their lifestyles. Along with the needs assessment, a policy scan was conducted to determine if Kern County's leaders were aware of existing policies or if they had plans to bring new policies for a healthy living environment.</p> <p>CTA's Leadership Team was interviewed under a grantee reporting interview by S&A. The team discussed the team's accomplishments in the first year of CTG funding. Some of their achievements included doubling the size of the coalition, establishing regular meetings, completing a vision and mission process. S&A also conducted a coalition analysis using a web-based survey. Through the analysis they were able to determine the breakdown of the membership, bringing awareness to CTA where improvements could be made in recruiting more members. They were also able to determine which populations were being reached through CTA partnerships, the majority working with Latino and White populations. The interview determined that CTA had provided time and space for networking among different professionals. In year 2, CTA will be able to utilize these results to improve the coalition's reach and accomplishments of year 1. S&A also provided a community readiness report describing some of the factors that determined why the five communities were ready for change as opposed to the whole county.</p> <p>Samuels and Associates synthesized their findings in one report. They requested feedback on the case studies and the full report from Kern County Public Health Services Department and the communities involved. The report will be finalized in Year 2, Quarter 2 and will be distributed to community residents and leaders.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	San Francisco Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$671,358.00
8. Award Number:	5U58DP003623-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based strategies, environmental, programmatic and infrastructure changes, as appropriate, in large counties; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health.</p> <p>In order to achieve this, the San Francisco Department of Public Health (SFDPH) will implement evidence-based, environmental, programmatic, and infrastructure strategies described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses three core "Strategic Directions": tobacco-free living, healthy eating and active living, and high impact evidence-based clinical and other preventive services.</p> <p>SFDPH hired a Project Manager, implemented nine sub-contracts with community partners, submitted the 5 Core Measures data sources document, and selected the Safe Walking Intervention as our outcome evaluation. Baseline data collection began and a revised evaluation plan was submitted meeting the required evaluation criteria.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Youth Leadership Institute
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$145,000.00
5. Subaward Purpose:	City College is developing and will implement an augmented curriculum for Community Health Workers based on the topics and goals of Community Transformation to train and place Community Health Workers in

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	WalkSF
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Partner in the development and implementation of a Pedestrian safety Action Plan for San Francisco to reduce severe and fatal pedestrian injuries.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Portola Family Connections
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	Review existing practices of the county's network of Family Resource Centers to assess the access and utilization of these community centers for playful physical activity and social connection by infants and their p

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	San Francisco Breastfeeding Coalition
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	Convene a task force comprised of key stakeholders and includes the Department on the Status of Women, Small Business Commission, Legal Aid Society of San Francisco, UCSF, SF Breastfeeding Coalition, WI

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	San Francisco Unified School District
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	The district is designing and developing a single on-line database for joint use of the 115 schools in the District by community based and neighborhood organizations. The District will also work with University of Cal

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Bays and Girls Clubs of San Francisco
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$22,062.00
5. Subaward Purpose:	Identify and implement institutional and organizational systems/practices that increase access and utilization of community programs that facilitate social connection and physical activities that promote health, partic

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Children's Council of San Francisco
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$25,700.00
5. Subaward Purpose:	Assess the feasibility of child care centers adapting improved standardized nutrition and physical activity practices through a feasibility and health significance study and stakeholder input to guide the development

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Bayview YMCA
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Implement institutional and organizational systems/practices that increase access and utilization of community programs that facilitate social connection and physical activities that promote health, particularly for inc

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Youth Leadership Institute
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$39,000.00
5. Subaward Purpose:	YLI is working to increase accessibility, availability, and affordability of healthy foods in communities by supporting healthy retail through community- engagement initiatives to build demand for healthy food access

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	San Francisco Recreation and Parks Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003623-02
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	Identify and implement institutional and organizational systems/practices that increase access and utilization of community programs that facilitate social connection and physical activities that promote health, partic

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Los Angeles County Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$9,173,011.00
8. Award Number:	5U58DP003631-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Choose Health LA initiative focuses on preventing chronic disease and reducing health disparities in Los Angeles County through interventions that create healthy and safe environments and improve access to evidence-based clinical preventive services.</p> <p>Under Choose Health LA, the Los Angeles County Department of Public Health works with community partners to develop innovative efforts aimed at reducing youth access to tobacco products and exposure to secondhand smoke, increasing utilization of effective tobacco cessation services, enhancing clinical preventive services, improving nutrition and expanding opportunities for physical activity. The overarching goal of Choose Health LA is for these changes to become sustainable, broad-based, and result in substantive health effects.</p> <p>During this reporting period, the "Choose Less, Weigh Less" obesity prevention public education campaign was launched, which focuses on encouraging consumers to reduce their portion sizes when they eat out or prepare meals at home. The public education campaign includes placement of ads on transit, radio, television and other venues throughout Los Angeles County.</p> <p>Choose Health LA also supported several jurisdiction-wide initiatives to reduce exposure to secondhand smoke and decrease youth access to tobacco products and exposure to tobacco advertising.</p> <p>In the area of clinical preventive services, Choose Health LA continued implementation of an initiative to promote team care infrastructure and approaches to increasing CPS access at various ambulatory clinic networks in Los Angeles County. Choose Health LA also supported the expansion of diabetes care management programs for low-income residents in the cities of Pasadena and Long Beach, operated through their local health departments.</p> <p>In the area of nutrition, staff continued to work with other Los Angeles County departments to expand access to healthy food and beverage options in county facilities through healthy procurement practices. Choose Health LA staff also supported activities promoting the use of CalFresh at local farmers' markets among program participants in an effort to increase the consumption of fresh fruits and vegetables.</p> <p>Choose Health LA staff continue to provide technical assistance to assist hospitals serving low-income communities in Los Angeles County to achieve Baby-Friendly designation, a certification process administered by Baby-Friendly USA that ensures that a hospital has procedures and practices in place to support breastfeeding among new mothers.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maxim Healthcare Inc., DBA Maxim Staffing Solutions
2. Subaward Date:	9/30/12
3. Subaward Number:	PH-001419
4. PPHF Funding Amount:	\$2,395,301.00
5. Subaward Purpose:	Maxim Healthcare Inc., DBA Maxim Staffing Solutions was contracted to provide human resources support for programmatic and administrative staff hired to implement the grant objectives across the project's five strategic directions (tobacco-free living; active living and healthy eating; high impact clinical and other preventive services; social and emotional wellness; and healthy and safe physical environments). The funding covers salaries, benefits and other staffing costs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Diabetes Association
2. Subaward Date:	12/14/2012
3. Subaward Number:	PH-002332
4. PPHF Funding Amount:	\$300,000.00
5. Subaward Purpose:	This contract was recently completed in late December. Initial project planning meetings and plans for staffing has begun. To improve quality of care and preventive services for adults with diabetes, the ADA will use this funding to expand its quality improvement diabetes care center recognition program in low-income clinics in Los Angeles County.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Breastfeeding Taskforce of Greater Los Angeles
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002143
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The funding supported staff and project consultants in providing technical assistance to hospitals in Los Angeles County serving low-income communities to move through the Baby-Friendly 4D Pathway. Successful completion of the 4D Pathway is necessary for a hospital to achieve Baby-Friendly Designation, indicating that the hospital has significant protocols and practices in place to support exclusive breastfeeding among new mothers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	California Center for Public Health Advocacy
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002177
4. PPHF Funding Amount:	\$150,000.00

5. Subaward Purpose:	CCPHA has been working to conduct a baseline assessment of communities with high rates of childhood obesity, and other indicators of health disparities in Los Angeles County to identify communities that will most benefit from evidence-based health strategies to promote nutrition and physical activity. Toolkits of evidence-based health strategies have also been developed including data and materials which can be shared with stakeholders who request more information on nutrition, obesity trends, and physical activity intervention strategies. CCPHA is also currently collaborating with multiple organizations including the American Heart Association and American Cancer Society on planning a Faith, Families and Fitness symposium to educate participants on strategies to increase access to healthy food and beverages, and physical activity.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	California Food Policy Advocates
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002178
4. PPHF Funding Amount:	\$125,000.00
5. Subaward Purpose:	CFPA plans to partner with multiple school districts in Los Angeles County to improve the appeal of school meals prepared closer to the point of service. A task force of experts including representation from school food service directors, restaurant industry representatives, food safety experts and school food vendors was formed to help guide this initiative. To help outreach to school districts, an assessment survey tool has been developed to collect baseline data on current school meal service cooking practices, operational constraints and gauge districts' readiness to participate in making improvements to food preparation practices. CFPA has also collected best practices to share with future partner districts including a culinary curriculum for school cafeteria staff and a report drafted to help identify the factors in how school meals are presented that influence students' perception and participation in the school meals program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Los Angeles, Department of Planning
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002162
4. PPHF Funding Amount:	\$249,950.00
5. Subaward Purpose:	The City of Los Angeles is incorporating health guidelines into the City's General Plan by developing a health chapter for their general plan framework. During the reporting period, the City Department of Planning initiated work on an existing conditions report, which will describe the relationship between health and the built environment in Los Angeles and include a series of maps depicting the variations in the built environment, health outcomes, and socio-economic indicators across the city. These maps will inform the health topics to be prioritized in the chapter.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Dignity Health DBA California Hospital Medical Center
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002195
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	This contract supports the work of the LA Best Babies Network (LABBN) in partnering with clinics in low-income communities to implement chronic disease prevention strategies. LABBN completed recruitment of the prenatal clinics in South Los Angeles to participate in quality improvement efforts centered on diabetes screening, peri-partum weight management and preventive services delivery (team care), and breastfeeding support. They launched their learning collaborative, helping clinic team leaders recruit other staff to participate in the project. Technical assistance was provided to complete baseline clinical practice assessments and to perform data collection/review. Efforts continue to take advantage of health IT resources to improve the latter. LABBN also completed their formal written curriculum and completed preparations for their in-person Continuing Medical Education (CME) training session in January 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	City of Long Beach, A Municipal Corporation
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002196
4. PPHF Funding Amount:	\$130,000.00
5. Subaward Purpose:	This funding supports the Long Beach Department of Health and Human Services (HHS) in implementing strategies around diabetes care management. Long Beach HHS completed its first class series with a cohort of primarily low-income Latino patients, implementing the updated Latino Health Access diabetes self-management curriculum. Course evaluation data, including biometrics, were collected. Training of staff in the database was completed, so that the program's evaluation can be completed and inform any necessary revisions for future class series and program planning. Ongoing outreach to the community and clinics/clinicians continues to recruit patients into this team-care approach to disease management and preventive services.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Los Angeles County Office of Education
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002163
4. PPHF Funding Amount:	\$125,000.00
5. Subaward Purpose:	These funds support the LA County Office of Education (LACOE) in its implementation of a train-the-trainer model of physical education professional development for K-12 teachers. The goal of the professional development efforts is to increase the quantity and quality of physical education instruction as well as to provide tobacco use assessment and referral for cessation services to students in schools disproportionately impacted by childhood obesity and other cardiovascular disease risk factors. During this reporting period, LACOE provided teachers with ongoing technical assistance to ensure effective implementation of physical education instruction.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Los Angeles Unified School District
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002164
4. PPHF Funding Amount:	\$225,000.00
5. Subaward Purpose:	These funds support the Los Angeles Unified School District (LAUSD) in its implementation of a train-the-trainer model of physical education professional development for K-12 teachers. The goal of the professional development efforts is to increase the quantity and quality of physical education instruction as well as to provide tobacco use assessment and referral for cessation services to students in schools disproportionately impacted by childhood obesity and other cardiovascular disease risk factors. During this reporting period, LAUSD provided teachers with ongoing technical assistance to ensure effective implementation of physical education instruction.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Pasadena Department of Public Health
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2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002197
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The Pasadena Department of Public Health is continuing to outreach to the community and clinics/clinicians to recruit new patients to participate in the diabetes management program. This outreach includes community presentations, clinician education and working towards incorporating their program into the electronic medical record system of the Community Health Alliance of Pasadena – the community clinic system with which they primarily work. The program's nurse continues to meet with patients that are already enrolled in the program, offering counseling and case management. New group educational sessions (in English and Spanish) also provide patients the opportunity to learn from and share with other patients about diabetes management and clinical preventive services under this team-care environment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ruder Finn, Inc.
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002149
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	Ruder Finn has been subcontracted to support media and communications efforts under Choose Health LA. During this reporting period Ruder Finn supported the planning and implementation of a large-scale public education campaign around the nutritional benefits of meal portion control launched in fall 2012.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Bikes Belong Foundation
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002151
4. PPHF Funding Amount:	\$125,000.00
5. Subaward Purpose:	This funding supports the Safe Routes to School National Partnership (SRTSNP) to identify strategies to expand access to bicycle and pedestrian activity in Los Angeles County. During this reporting period, SRTSNP conducted comprehensive research on transportation finance within the LA County transportation agency (Metro). This research included identifying the multiple funding sources that Metro receives for transportation projects - from local proposition funding, to state gas tax funds to federal transportation allocations - in an effort to understand where opportunities exist to invest in active transportation. SRTSNP also met with key stakeholders in the community to recruit them to the new Active Transportation Coalition they will launch in early 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Smoking Cessation Leadership Center
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002153
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	During this period, the Smoking Cessation Leadership Center (SCLC) staff in partnership with LA County Tobacco Control and Prevention Program staff conducted presentations at conferences on tobacco-use and behavioral health, including a poster presentation for National Conference on Tobacco or Health and another presentation at the 9th Statewide Conference Integrating Substance Use, Mental Health, and Primary Care Services held in November. SCLC has also been supporting the upcoming Tobacco Free Champions Initiative by developing the suggested topics and content for the six mandatory webinars. Additionally, SCLC staff are working on the skills building workshops curriculum as well as compiling new data to update the LA County version of the toolkit that will be given to the Champions.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	ChangeLab Solutions
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002150
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	During this period ChangeLab provided one-to-one consultation and legal technical assistance to the Tobacco Control and Prevention Program (TCPP) and their funded community subcontractors during the development and implementation of strategies to address secondhand smoke in multi-unit housing and outdoor areas and youth access to tobacco products and advertisements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	The Center for Tobacco Policy and Organizing (American Lung Association Center - ALAC)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002144
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Staff from the American Lung Association's Center for Tobacco Policy Organizing attended task force meetings to analyze specific strategies around smoke-free multi-unit housing, smoke-free outdoor areas and tobacco retail licensing. Center staff also developed and planned trainings that will be conducted during the contract year as well as conducted a technical assistance needs assessment for subcontractors working on strategies to reduce exposure to secondhand smoke.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	LAC + USC Medical Center Foundation, Inc.
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-002194
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The funding supports the LAC + USC Medical Center Foundation in its development of a Wellness Center located on the LAC + USC Medical Center campus. The Wellness Center has continued preparation for opening its doors to the public in Spring 2013. When launched, the Center will provide the clinical-community linkages needed for several low-income groups in the region. Many of the community resources and services will focus on promoting healthy eating and active living based on a team-care approach.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Los Angeles County Parks and Recreation (Parks After Dark)
2. Subaward Date:	9/30/2012

3. Subaward Number:	PH-002169
4. PPHF Funding Amount:	\$249,950.00
5. Subaward Purpose:	Funding to the Los Angeles County Department of Parks and Recreation supports the County's Parks After Dark program. The program is conducted in the summer months and focuses on promoting healthy activity and community cohesion, and curbing violence and gang-related crimes through recreational activities, mentoring, and health and wellness programs. This funding has allowed for the expansion of the program from three to six parks, supporting designated staff to coordinate the program at each park, and Sheriff deputies to patrol events and interact positively with the community.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	SSG (Special Services Groups)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-001159
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	During this period Special Services Groups (SSG) focused community outreach and education efforts in the City of Hawthorne around strategies to limit second hand smoke exposure among residents. SSG reached residents through presentations to community organizations and by attending local events.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	SIPA (Search to Involve Pilipino Americans)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-001155
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	SIPA continues to conduct community outreach and education in the cities of Pico Rivera, El Monte and South El Monte. In South El Monte SIPA staff and volunteers completed data collection public opinion surveys and youth purchase surveys to get an overall assessment on youth access to tobacco in the city.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	AYC (Asian Youth Center)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-001164
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Asian Youth Center (AYC) continues to do community education and provide information on the dangers of secondhand smoke in the cities of Temple City, Rosemead and Montebello. They have conducted data collection on residents' opinions on strategies to address secondhand smoke in outdoor areas in the city of Montebello.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	PCORE (People's Core)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-001165
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Staff from People's CORE conducted community outreach in the cities of Cerritos and Artesia through presentations to community organizations and attending local events. They continue to assist in facilitating community meetings on the impacts of secondhand smoke in the home environment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	SAFE (Smoke-Free Air for Everyone/Community Partners)
2. Subaward Date:	9/30/2012
3. Subaward Number:	PH-001158
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	Staff from Smoke-free Air for Everyone (SAFE) continued to provide community education and outreach in four cities Lawndale, Hawthorne, Santa Monica, and Glendale around the dangers of secondhand smoke (SHS) and strategies to prevent SHS exposure among city residents.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	[Enter the subaward recipient name.]
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$493,891.00
8. Award Number:	5U58DP003632-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Connecticut Department of Public Health is using Affordable Care Act funds to work with five of Connecticut's eight Counties that have populations of less than five hundred thousand to reduce chronic disease rates and address health disparities. Capacity building activities in Connecticut will allow communities to develop and/or enhance strong, sustainable infrastructures and prevention efforts through systems, policy, and environmental change.</p> <p>Highlights for the reporting period include:</p> <p>Infrastructure to support the Community Transformation Grant has been created and is on-going internally and externally. The Department of Public Health (DPH) has identified a Principal Investigator, Project Director and a support team made up of chronic disease program staff within the Department. The Project Director has worked with a DPH Contracts Specialist to complete a contract for each County with deliverables relative to CTG capacity building requirements and payment schedules. All five contracts are fully executed. The Project Director works with a DPH Fiscal Officer to track and monitor expenditures to ensure that all reporting requirements are met in accordance with CTG fiscal requirements for the grant.</p> <p>A CHANGE Tool training was conducted on July 24, 2012 by Shannon Griffin-Blake, Ph.D., Branch Chief, Program Implementation and Development at the Centers for Disease Control and Prevention (CDC). Each County was encouraged to bring respective coalition members representing each of the following five sectors that make-up the CHANGE Tool: 1) Community-At-Large 2) Community Institution/Organization Sector 3) Health Care Sector 4) School Sector 5) Work Site Sector.</p> <p>The Department of Public Health's evaluator created a "County Needs Assessment and Policy Scan" template that was approved by the Centers for Disease Control and Prevention. As of September 30, 2012, the five County partners have completed sections 1-5 of the Needs Assessment in collaboration with their respective coalitions. These sections include the following: 1) State and County Demographics 2) Burden of Chronic Disease and in the County 3) Summary of Health Disparities and Health Equities 4) Existing Local Public Health Programs & Policies 5) Coalition Membership and Activity. The Department of Public Health's evaluator is in the process of reviewing Needs Assessments and will provide feedback to each respective County.</p> <p>A statewide Leadership Team has been established to provide oversight and technical support as necessary to the five County partners. A Leadership Team meeting was held on December 4, 2012, and featured the Massachusetts Community Transformation Grant Director who presented on their CTG Implementation activities.</p> <p>A live, dedicated web site is active on the Department of Public Health's Nutrition, Physical Activity and Obesity Prevention Program web page. The webpage currently houses all CTG related information and documents.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chatham Health District - Middlesex County
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003632-02
4. PPHF Funding Amount:	\$83,900.00
5. Subaward Purpose:	<p>Highlights for the reporting period include:</p> <p>Established and strengthened multi-sectorial, county-wide coalition by conducting a local scan of existing coalitions, partnerships, workgroups and task forces involved in the 3 strategic directions for inclusion in the CTG County coalition.</p> <p>Met with Leadership member organizations representing minority populations and/or population subgroups experiencing health disparities to determine methods of community engagement and to identify community organizations for representation on CTG County coalitions.</p> <p>Ensured inclusion of all towns in the county as well as representation from subgroups in their county experiencing health disparities.</p> <p>Conduct countywide health needs assessment and/or compile existing local health assessment data which must meet criteria as set forth by CDC including the burden of chronic diseases and identification of population subgroups experiencing health disparities. The first five sections were completed and submitted to DPH in December 2012.</p> <p>Participated in a statewide CHANGE Tool training sponsored by CDC. Working to complete the CHANGE Tool with their respective County partners/coalitions.</p> <p>Conduct policy scans to identify gaps in existing policies, environments, programs, and infra-structure related to the 3 required Strategic Directions.</p> <p>Produced no less than two news articles/press releases pertaining to the activities and promotion of their respective Capacity Building activities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Eastern Highlands Health District - Tolland County
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003632-02
4. PPHF Funding Amount:	\$83,900.00

5. Subaward Purpose:	<p>Highlights for the reporting period include:</p> <p>Established and strengthened multi-sectorial, county-wide coalition by conducting a local scan of existing coalitions, partnerships, workgroups and task forces involved in the 3 strategic directions for inclusion in the CTG County coalition.</p> <p>Met with Leadership member organizations representing minority populations and/or population subgroups experiencing health disparities to determine methods of community engagement and to identify community organizations for representation on CTG County coalitions.</p> <p>Ensured inclusion of all towns in the county as well as representation from subgroups in their county experiencing health disparities.</p> <p>Conduct countywide health needs assessment and/or compile existing local health assessment data which must meet criteria as set forth by CDC including the burden of chronic diseases and identification of population subgroups experiencing health disparities. The first five sections were completed and submitted to DPH in December 2012.</p> <p>Participated in a statewide CHANGE Tool training sponsored by CDC. Working to complete the CHANGE Tool with their respective County partners/coalitions.</p> <p>Conduct policy scans to identify gaps in existing policies, environments, programs, and infra-structure related to the 3 required Strategic Directions.</p> <p>Produced no less than two news articles/press releases pertaining to the activities and promotion of their respective Capacity Building activities.</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ledge Light Health District - New London County
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003632-02
4. PPHF Funding Amount:	\$83,900.00
5. Subaward Purpose:	<p>Highlights for the reporting period include:</p> <p>Established and strengthened multi-sectorial, county-wide coalition by conducting a local scan of existing coalitions, partnerships, workgroups and task forces involved in the 3 strategic directions for inclusion in the CTG County coalition.</p> <p>Met with Leadership member organizations representing minority populations and/or population subgroups experiencing health disparities to determine methods of community engagement and to identify community organizations for representation on CTG County coalitions.</p> <p>Ensured inclusion of all towns in the county as well as representation from subgroups in their county experiencing health disparities.</p> <p>Conduct countywide health needs assessment and/or compile existing local health assessment data which must meet criteria as set forth by CDC including the burden of chronic diseases and identification of population subgroups experiencing health disparities. The first five sections were completed and submitted to DPH in December 2012.</p> <p>Participated in a statewide CHANGE Tool training sponsored by CDC. Working to complete the CHANGE Tool with their respective County partners/coalitions.</p> <p>Conduct policy scans to identify gaps in existing policies, environments, programs, and infra-structure related to the 3 required Strategic Directions.</p> <p>Produced no less than two news articles/press releases pertaining to the activities and promotion of their respective Capacity Building activities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Northeast District Department of Health - Windham County
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003632-02
4. PPHF Funding Amount:	\$83,900.00
5. Subaward Purpose:	<p>Highlights for the reporting period include:</p> <p>Established and strengthened multi-sectorial, county-wide coalition by conducting a local scan of existing coalitions, partnerships, workgroups and task forces involved in the 3 strategic directions for inclusion in the CTG County coalition.</p> <p>Met with Leadership member organizations representing minority populations and/or population subgroups experiencing health disparities to determine methods of community engagement and to identify community organizations for representation on CTG County coalitions.</p> <p>Ensured inclusion of all towns in the county as well as representation from subgroups in their county experiencing health disparities.</p> <p>Conduct countywide health needs assessment and/or compile existing local health assessment data which must meet criteria as set forth by CDC including the burden of chronic diseases and identification of population subgroups experiencing health disparities. The first five sections were completed and submitted to DPH in December 2012.</p> <p>Participated in a statewide CHANGE Tool training sponsored by CDC. Working to complete the CHANGE Tool with their respective County partners/coalitions.</p> <p>Conduct policy scans to identify gaps in existing policies, environments, programs, and infra-structure related to the 3 required Strategic Directions.</p> <p>Produced no less than two news articles/press releases pertaining to the activities and promotion of their respective Capacity Building activities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Torrington Area Health District - Litchfield County
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003632-02
4. PPHF Funding Amount:	\$83,900.00

5. Subaward Purpose:	<p>Highlights for the reporting period include:</p> <p>Established and strengthened multi-sectorial, county-wide coalition by conducting a local scan of existing coalitions, partnerships, workgroups and task forces involved in the 3 strategic directions for inclusion in the CTG County coalition.</p> <p>Met with Leadership member organizations representing minority populations and/or population subgroups experiencing health disparities to determine methods of community engagement and to identify community organizations for representation on CTG County coalitions.</p> <p>Ensured inclusion of all towns in the county as well as representation from subgroups in their county experiencing health disparities.</p> <p>Conduct countywide health needs assessment and/or compile existing local health assessment data which must meet criteria as set forth by CDC including the burden of chronic diseases and identification of population subgroups experiencing health disparities. The first five sections were completed and submitted to DPH in December 2012.</p> <p>Participated in a statewide CHANGE Tool training sponsored by CDC. Working to complete the CHANGE Tool with their respective County partners/coalitions.</p> <p>Conduct policy scans to identify gaps in existing policies, environments, programs, and infra-structure related to the 3 required Strategic Directions.</p> <p>Produced no less than two news articles/press releases pertaining to the activities and promotion of their respective Capacity Building activities.</p>
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FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Yukon-Kuskokwim Health Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$193,340.00
8. Award Number:	5U58DP003642-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, Yukon-Kuskokwim Health Corporation (YKHC) will implement policy, environmental, programmatic, and infrastructure changes described by the strategic directions listed to achieve the intended outcomes. This award specifically addresses the following five "Strategic Directions:" The five strategic directions include tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services, social and emotional wellness, and healthy and safe physical environment.</p> <p>Currently we are in the Capacity Building phase. Presently we have eight active Leadership Team Members, not including the PI and program manager. We have developed and continued to collaborate with Delta Tobacco Control Alliance. A new coalition was also formed under the Health Transformation department. The Community Health Transformation Coalition is focusing on all five strategic directions, whereas Delta Tobacco Control Alliance only focuses on Tobacco. As for the Community Health Needs Assessment and Policy scan, we used the CHANGE Tool Assessment to assess the communities' need. The surveys were completed through face to face interviews. We have gathered data on demographics, chronic disease prevalence, and incidence, and we are now finishing the Community Health Needs Assessment and policy scan report. Lastly, we communicated our efforts through newsletters, newspaper ad, and through face to face contacts. We were able to travel and visit Tribal Administrators and City Mayors upon their requests to educate about our work and the five strategic directions.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$621,760.00
8. Award Number:	5U58DP003650-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>During this period, the following accomplishments moved the Community Transformation Grant (CTG) work forward in Vermont:</p> <ul style="list-style-type: none"> - Healthy Retailer program: CTG has funded 15 rural communities, to work with three retailers on increasing their inventory of healthy foods. Many of these stores are in food deserts and people in these areas experience higher rates of obesity. Efforts to bring healthy foods to these areas will provide more beneficial choices to people who shop regularly in these stores. - Farm to School: Farm to School brings locally grown fruits, vegetables, meats and dairy to children at school. CTG funds have allowed for an expansion of the program to additional schools and to four regional groups to support the development of sustainable programs in their areas. - Healthy food and physical activity in child care: Four regional Parent Child Centers will be trained to provide technical assistance to child care centers and family homes to increase healthy foods served in their programs and daily physical activity. Each Parent Child Center will work with at least 15 providers in their area. Additionally, child care licensing regulations are in the process of being updated. Through CTG, recommendations for regulations requiring an increase in healthy eating and physical activity in child care settings have been made. Promulgation of these new regulations is expected in spring 2013. - Healthy Community Design: 14 communities are working to develop a project that encourages physical activity or healthy eating. This work will also leverage community funds to implement the work, such as municipal funds or other grants to pay for construction. - Fluoride: CTG funds are being used to help towns explore fluoridation of their water systems. - Health care system change: Residents of rural low SES housing communities are being supported in self-management of hypertension and tobacco use and/or exposure. The project involves community health workers and wellness nurses visiting residents at home to monitor and make referrals for tobacco cessation programs and Healthier Living Workshops. - A data base of smoke free multi-unit public housing is being developed. The data base will be updated as more housing communities become smoke free with the help of technical assistance that is available to assist them in becoming smoke free. - Local community coalitions are working with colleges in their area to explore the readiness for creating smoke-free college campuses. A meeting was held with all VT college presidents to introduce the program in October. - Vermont has three projects to strengthen the infrastructure for this work which are underway with many initial successes: assessing attitudes regarding healthy eating and physical activity, publication and evaluation dissemination including the Healthy Retailers program evaluation and Leadership Team development and guidance on CTG.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Broward Regional Health Planning Council
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,766,476.00
8. Award Number:	5U58DP003661-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Community Transformation Grant (CTG) awarded to Broward Regional Planning Council funds the Transforming Our Community's Health (TOUCH) Initiative, a collaborative of 28 community organizations, that have come together to improve the health and well-being of those who live, work, learn, play and retire in Broward County, Florida. The CTG Strategic Directions (Tobacco Free Living; Active Living and Healthy Eating; High Quality and Preventative Services; and, Healthy and Safe Physical Environment) provide the focus for TOUCH partners to work to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and reduce healthcare costs.</p> <p>TOUCH Partners will work to instill evidence-based practices in these areas:</p> <p>Tobacco Free Living: decreasing exposure to tobacco use in outdoor and indoor spaces; target prevention and raise awareness of the effects of secondhand smoke exposure by supporting local efforts to increase the number of smoke-free parks and beaches; smoke-free college campuses and smoke-free multi-unit housing complexes. (TOUCH Partner: American Lung Association);</p> <p>Active Living and Healthy Eating: improving practices that increase access to healthy foods and physical activity across the county from birth through retirement especially for children; those experiencing health and wealth disparities; and those living in high-need communities. (TOUCH Partners: Alliance for a Healthier Generation, Broward County Public Schools, Consulting Registered Dietitians, Dietz and Associates, Early Learning Coalition of Broward County, Family Central, Inc., Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY), Food for Health, Environment, Economy, and Democracy (FHEED), Foundation for a Breastfeeding Culture, Ft. Lauderdale Vegetables, Inc., Ruby Natale, PhD, PsyD, North South Institute, South Florida Hospital and Healthcare Association, South Florida Regional Planning Council, Sharon Yeago, and YMCA of Broward County);</p> <p>High Quality Clinical and Preventative Services: increasing the use of high-impact, quality clinical preventive services related to reducing the leading causes of deaths and disease. (TOUCH Partners: Broward Health, Broward Community and Family Health Center, Holy Cross Hospital, Memorial Healthcare System, and Health Foundation of South Florida); and</p> <p>Healthy and Safe Physical Environment: implementing strategies to create a safe built environment that supports many of the above strategies. (Broward Metropolitan Planning Organization Smart Growth Partnership, and Urban Health Partnerships, Inc.).</p> <p>The TOUCH initiative also partners with 211-Broward to ensure that stories of success and opportunities for community involvement are provided to those living in Broward County. Because the TOUCH partners are using evidence-based interventions, TOUCH utilizes an Evaluation Team from Nova Southeastern University, Masters of Public Health Program to track progress and outcomes.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	2-1-1 Broward
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$66,090.00
5. Subaward Purpose:	2-1-1 Broward assists the Community Transformation Grant (CTG) awarded to Broward Regional Health Planning Council in implementing a communications plan that includes an interactive website, social media, print materials and earned media strategies to promote the activities of the Transforming Our Community's Health (TOUCH) Initiative and engage the community in these activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alliance for a Healthier Generation
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$104,384.00
5. Subaward Purpose:	The Alliance for a Healthier Generation (Alliance) works to instill the evidenced-based Healthy Schools Program (HSP) framework in Broward County Public Schools to help increase physical activity, improve nutrition and reduce childhood and workplace obesity throughout the school district. Work includes: developing school health policy and systems; improving school nutrition programs; reducing calories and increasing nutrient values in competitive foods and beverages; increasing physical activity opportunities before, during and after school; increasing time dedicated to and quality of physical activity and health education; and establishing school employee wellness programs. Specific programs, policies, and practices outlined in the HSP Best Practice Framework are consistent with the CDC designated evidence-based strategies.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in Florida
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$99,000.00
5. Subaward Purpose:	The American Lung Association in Florida (ALA) works to increase the number of tobacco-free parks, tobacco-free college campuses, and tobacco-free multi-unit housing complexes in Broward County. ALA provides education and outreach regarding the benefits of creating indoor and outdoor spaces that are free of tobacco products, smoking and second-hand smoke exposure.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Broward Community and Family Health Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$97,438.00
5. Subaward Purpose:	Broward Community and Family Health Center (BCFHC) works to implement the Patient Centered Medical Home (PCMH) and Panel Management models of care in their three primary care sites to improve health outcomes and reduce healthcare costs through improved care coordination, communication, and overall management of chronic conditions such as high blood pressure, high cholesterol, diabetes, and heart disease among others. Staff have participated in training and technical assistance to integrate the PCMH model into their service delivery system and have received Level 3 National Committee for Quality Assurance (NCQA) PCMH recognition at all three of their primary care sites.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Broward County Public School System
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$3,300.00
5. Subaward Purpose:	Broward County Public Schools (BCPS) strongly promotes healthy schools by supporting wellness, good nutrition, and regular physical activity as a part of the learning environment. BCPS works to improve school nutrition policies and practices for the inclusion of more fresh fruits and vegetables in school meals, menu reviews for sodium and fat, and guidelines for healthier food procurement procedures. BCPS provides outreach materials to educate stakeholders, decision-makers, parents, school teachers, staff, and administrators on the evidenced-based benefits of nutrition and physical activity policies on the health and well-being of students. BCPS works closely with another partner of the Transforming Our Community's Health (TOUCH) Initiative, the Alliance for a Healthier Generation, on their Healthy Schools Program which is being implemented in participating Broward schools. This contract has not been executed as of the date of this report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Broward Health System
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$72,552.00
5. Subaward Purpose:	Broward Health System works to implement the Patient Centered Medical Home and Panel Management models of care in their primary care clinics in an effort to improve health outcomes, reduce healthcare costs and improve care coordination, communication, and overall management of chronic conditions such as high blood pressure, high cholesterol, diabetes, and heart disease. This contract has not been executed as of the date of this report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Early Learning Coalition of Broward County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$74,786.00
5. Subaward Purpose:	The Early Learning Coalition of Broward County, Inc. (ELC) administers the quality improvement system, "Quality Counts" for early child care centers in Broward County. As part of their work for the Transforming Our Community's Health Initiative (TOUCH), ELC focuses on the integration of "Caring for Our Children: National Health and Safety Performance Standards" on nutrition, physical activity, and TV screen time into quality ratings, policies and standards. ELC also works with Broward County's Child Care Licensing Agency to share standards, lessons learned, best practices and educational efforts centered on the benefits of these standards to reducing childhood obesity in Broward County.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Family Central, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$71,495.00
5. Subaward Purpose:	Family Central, Inc (FCI) is committed to quality early learning programs for all children in Broward County. As part of their work for the Transforming Our Community's Health Initiative (TOUCH), FCI is partnering with another TOUCH partner, the Early Learning Coalition of Broward County (ELC), to institutionalize the "Caring for Our Children: National Health and Safety Performance Standards" in the training of early learning center directors and personnel on the benefits of improved nutrition, increased physical activity, and reduced TV screen time standards to the health of children and reduction of childhood obesity of those in their care. FCI is a sponsoring agency for the Federal Food Program which helps guarantee that young, low-income children have nutritious meals and snacks while they are in child care. FCI also works with TOUCH Partner Consulting Registered Dietitians (CRD) to make changes to menus that comply with new federal healthier snack and meal nutrition standards.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Florida Introduces Physical Activity and Nutrition to Youth (FLIPANY) works with Early Learning Coalition of Broward County, Inc. (ELC) and Family Central, Inc. (FCI) in the early child carecenters in Broward County. FLIPANY is using existing dietitians and certified physical education specialist personnel to assist in the integration of new standards of nutrition, physical activity, and TV screen into quality ratings. FLIPANY is also working with parents in targeted areas to extend better nutrition and physical activities from the childcare setting to the home.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Foundation for a Breastfeeding Culture
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$132,000.00
5. Subaward Purpose:	The Foundation for a Breastfeeding Culture (FBC) is the lead entity in the institutionalization of WHO/UNICEF Baby-Friendly policies and practices in hospitals and birthing centers. FBC works to recruit hospitals, provide technical assistance, train hospital staff and work with hospital leadership to educate them on the benefits of institutionalizing UNICEF Baby-Friendly breastfeeding practices to the health and wellbeing of mothers and infants for the short- and long-term.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fort Lauderdale Vegetables
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Fort Lauderdale Vegetables, Inc. (FLV) works to train and build capacity for those interested in urban farming and community gardening in areas located in food desert communities. FLV trains and works with farmers/gardeners in these areas and assists in developing the procedures for safe handling and distribution of fresh grown produce to the surrounding communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Health Foundation of South Florida
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$85,000.00
5. Subaward Purpose:	The Health Foundation of South Florida (HFSF) works to improve the clinical outcomes of those with high blood pressure, high cholesterol, cardiovascular disease, and diabetes through the continuation of a training and referral infrastructure for chronic disease self management programs. HFSF supports the Broward Collaborative for Self-Care to guide the design, promotion, implementation, and dissemination of evidence-based programs. HFSF works closely with primary care centers of the participating hospitals and Federally Qualified Health Clinic to ensure access and referral of patients to community-based chronic disease self management programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Holy Cross Hospital
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$115,160.00
5. Subaward Purpose:	Holy Cross Hospital (HCH) works to implement the Patient Centered Medical Home (PCMH) and Panel Management models of care in their two primary care sites to improve health outcomes and reduce healthcare costs through care coordination, communication, and overall management of chronic conditions such as high blood pressure, high cholesterol, diabetes, and heart disease, among others. Staff at the sites have participated in training and technical assistance to integrate and institutionalize the PCMH model into their service delivery system as well as incorporate practices that will allow the sites to gain National Committee for Quality Assurance (NCQA) recognition of their PCMH status.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Memorial Health System
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$19,380.00
5. Subaward Purpose:	Memorial Health System (MHS) works to implement the Patient Centered Medical Home (PCMH) and Panel Management models of care in their primary care sites to improve health outcomes and reduce healthcare costs through care coordination, communication, and overall management of chronic conditions such as high blood pressure, high cholesterol, diabetes, and heart disease among others. Staff at the sites have participated in training and technical assistance to integrate the PCMH model into their service delivery system as well as institutionalize practices that will help the sites comply with National Committee for Quality Assurance (NCQA) standards.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Metropolitan Planning Organization
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	Metropolitan Planning Organization (MPO) works with another Transforming Our Community's Health Initiative (TOUCH) partner, Urban Health Partnerships, and municipalities of Broward County to systematically integrate Complete Streets standards into their countywide guidelines and planning tools.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North South Institute
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The North South Institute (NSI) will provide consultation and training to those urban farmers and gardeners interested in producing/growing food to increase the accessibility, affordability, and consumption of fresh fruits and vegetables among low-income individuals. This contract has not been executed as of the date of this report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Nova Southeastern University
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$86,600.00
5. Subaward Purpose:	Nova Southeastern University (NSU) is the lead evaluator for the Transforming Our Community's Health Initiative (TOUCH). NSU works to perform process and outcome evaluation of the specific milestones, measures, and targets of the TOUCH Initiative. The evaluation plan integrates qualitative evaluation techniques that include observation, focus groups, community surveys and stakeholder interviews. NSU is also responsible for identifying and collecting data to support the evaluation of TOUCH including local, state and national data sources. NSU uses assessment tools including the National and State Nutrition Environment Measures Study (NEMS), Quality of Life Survey, and CHANGE assessment worksheets to support ongoing quality improvement and assurance efforts for the TOUCH program. NSU also provides support and consultation regarding the reach of the work of TOUCH.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Smart Growth Partnership
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$32,243.00
5. Subaward Purpose:	Smart Growth Partnership works to educate elected officials, planners, city staff and the public on the evidence-based public health benefits of Smart Growth Codes and Complete Streets guidelines for improving the health and safety of the physical/built environment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Florida Hospital and Healthcare Association
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	The South Florida Hospital and Healthcare Association (SFHHA) works in concert with the Foundation for a Breastfeeding Culture (FBC) to implement the WHO/UNICEF Baby-Friendly Hospital-based breastfeeding initiative. SFHHA works with CEOs and other upper-level management staff at the hospitals to educate them on the benefits of becoming Baby-Friendly and address any concerns the hospitals may have.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Young Men's Christian Association (YMCA) of Broward County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$63,366.00
5. Subaward Purpose:	Young Men's Christian Association (YMCA) of Broward County works to improve the quality and amount of physical education and vigorous physical activity in after school settings through a programmatic change to expand an evidence-based program, SPARK (Sports, Play and Active Recreation for Kids), to participating after school sites. These sites primarily serve Title I underserved schools and children with special needs. The YMCA also works to develop and implement joint-usage agreements with Broward municipalities to increase the number of city- and county-owned facilities accessible to the public for physical activity.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Consulting Registered Dietitians
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$8,000.00
5. Subaward Purpose:	Consulting Registered Dietitians (CRD) works to facilitate the "Improve nutrition standards in early childcare settings" strategy through the review of participating Early Childcare Facility and/or Day Care Home menus to ensure compliance with the Federal and "Caring for Our Children" evidence-based nutrition standards. CRD assists with the delivery of nutrition trainings for providers in early learning settings.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dietz and Associates
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$200.00
5. Subaward Purpose:	As an expert in NEMS (Nutrition Environment Measures Surveys), Dietz and Associates provides guidance and follow-up of the NEMS surveys conducted in August 2012.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Food for Health, the Environment, Economy & Democracy (FHEED), LLC
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Food for Health, the Environment, Economy & Democracy (FHEED), LLC, works to provide GIS-based health disparities and population studies. FHEED works to build upon their comprehensive report developed in Year 1 to detail findings of the community and further identify areas experiencing health disparities and inequities. FHEED also focuses on reviewing and identifying possible food system initiatives to increase access to healthy foods through exploring fresh food distribution systems (small- and large-scale) in Broward County, areas that may act as hubs for healthy foods and eating, Corner Store initiatives, and locations of future market farms, gardens and farmers' markets, especially for Broward most high-need, vulnerable populations.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Natale, Ruby (Consultant)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Consultant Dr. Ruby Natale works to improve countywide nutrition standards in early learning settings. Her work centers on implementing the overall training infrastructure designed in year 1, identification of Child Care Centers for inclusion in Year 2 activities, and continued work with Transforming Our Community's Health (TOUCH) Initiative evaluator, Nova Southeastern University, regarding the development of assessment tools and procedures.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Rosario, Janisse
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$14,400.00
5. Subaward Purpose:	Consultant Janisse Rosario, MPH, provides technical assistance to the Transforming Our Community's Health (TOUCH) Initiative project team and contracted partners for sustainability planning, identifying opportunities to maximize impact and reach of Transforming Our Community's Health Initiative (TOUCH) and implementation of the Healthy Corner Store Initiative.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Florida Regional Planning Council
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	South Florida Regional Planning Council (SFRPC) provides Transforming Our Community's Health Initiative (TOUCH) with analysis of the comprehensive planning system through assessing policies, land use, zoning and quality of life benchmarks to integrate the work of TOUCH into Broward County. SFRPC's work includes assessing location decision factor analysis of full-service grocery stores and corner/convenience stores to develop incentives program for stocking healthy foods and facilitate new entrants into the full service and corner store market. This contract has not been executed as of the date of this report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Urban Health Partnerships
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	Urban Health Partnerships (UHP) works to create safer and healthier physical environments for Broward residents through the extension of Complete Streets guidelines through technical assistance and education of decision makers, planners, and the Broward Metropolitan Planning Organization and city/county officials as requested.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Yeago, Sharon
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003661-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Consultant Sharon Yeago works to increase access to healthy food for all Broward residents through creating guidelines for marketing locally grown food in an urban environment, developing capacity of local farmers markets to run an EBT/SNAP program, and identifying a network of small farmers to create a pipeline of fresh produce to area corner stores and restaurants.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	West Virginia State Department of Health and Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,883,603.00
8. Award Number:	5U58DP003668-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Activities and achievements include additional Counties, within the state, being added to the "Comprehensive Clean Indoor Air" classification. Those additional Counties include Greenbrier and Monongalia, which brings our numbers up to just over 700,000 of West Virginians who now have access to tobacco-free environments. Within those counties we have been working with our Bureau for Children and Families to see smoke-free foster homes to better protect the children in their care.</p> <p>Looking at the activities within strategic direction 2, we have added grocery stores and convenience stores that now offer fresh fruits and vegetables, along with the addition of new Healthy Check-out Isles in many of these stores. Along with the retail stores, we have been working with the State Department of Education to offer fresh, locally grown, fruits and vegetables to our school children. We have also taken the time to train our food service workers in these schools to properly cook and serve these locally grown foods. Working with the state Farm Market Association, we have been able to identify local farmers that can provide these food items to the local school as well as the local farm market for sale to our state's residents. This interaction will allow us to improve the access to the products and to enhance the options for paying for these items with new EBT machines in the markets.</p> <p>Strategic Direction 3 has been the most challenging with the largest number of interactions being required with clinical staff and facilities throughout West Virginia. In partnership with our Division of Chronic Disease and Health Promotion, we have started the process to develop a referral system to link at-risk residents to the existing disease self-management and prevention programs around the state. This process includes the training and placement of CHERPS (Community Health Education Resource Persons) in many of these community settings. To date we have more than 100 CHERPS certified and ready for placement in community care settings and clinics. Trainings have been held in all regions of the state with staff from the Osteopathic School of Medicine. In addition to the CHERPS, we have been working with the National Diabetes Prevention Program to bring the NDPP program to West Virginia. At this time we have a scheduled NDPP training to be offered to 60 diabetes educators in December. In addition, we are working with Marshall University to bring the Chronic Disease Self-Management Program to the regions as well.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mid-Ohio Valley Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP0023668-02
4. PPHF Funding Amount:	\$307,280.00
5. Subaward Purpose:	Tobacco Free Living: WV Local Health Departments (LHD) will create and evaluate Tobacco Free Environments within their Counties. LHDs and members of the Boards of Health (BOH) will attend trainings to provide orientation and updated information regarding their duties and responsibilities to the local public health agency about Tobacco Free Environments. Active Living and Healthy Eating: Increase the accessibility and availability of fresh fruits and vegetables for low income families by increasing the number of farmer's markets that accept electronic benefit transfers. Increases the use of high impact quality health services: Provide regional staff to increase the number and use of community-based prevention services such as the National Diabetes Prevention Program and chronic disease self management program, and establish community referral systems that link clinical services with prevention and public health services and programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cabell-Huntington Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP0023668-02
4. PPHF Funding Amount:	\$307,280.00
5. Subaward Purpose:	Tobacco Free Living: WV Local Health Departments (LHD) will create and evaluate Tobacco Free Environments within their Counties. LHDs and members of the Boards of Health (BOH) will attend trainings to provide orientation and updated information regarding their duties and responsibilities to the local public health agency about Tobacco Free Environments. Active Living and Healthy Eating: Increase the accessibility and availability of fresh fruits and vegetables for low income families by increasing the number of farmer's markets that accept electronic benefit transfers. Increases the use of high impact quality health services: Provide regional staff to increase the number and use of community-based prevention services such as the National Diabetes Prevention Program and chronic disease self management program, and establish community referral systems that link clinical services with prevention and public health services and programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	West Virginia Department of Education
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP0023668-02
4. PPHF Funding Amount:	\$176,507.00
5. Subaward Purpose:	Active Living and Healthy Eating: increase the availability of affordable and healthy food in schools and child care centers through support of Farm to School programs and healthier school and child care center meal programs that meet established nutritional guidelines.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Southeast Alaska Regional Health Consortium
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,588.00
8. Award Number:	5U58DP003670-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>SouthEast Alaska Regional Health Consortium (SEARHC) has adopted a sub-award model for implementing CTG objectives in SE Alaska. In addition to the direct program work completed by CTG staff, these sub-awards will ensure widest reach of CTG funds in a region that is geographically vast yet sparsely populated. So far, fourteen sub-awards have been chosen by the SEARHC Leadership Team. The work is being done in eighteen communities covering a service area that is 35,900 square miles. This area includes 6,500 miles of shoreline. Most of our communities, then, are only accessible by boat or small plane. SEARHC and its partners are well poised to address health issues in a region that is still infused with Alaska Native and rural cultural values and practices. The sub-award projects support Active Living and Healthy Eating and Smoke-free air initiatives. Combined with the SEARHC staff efforts on Smoke-free air and Clinical Interventions, SEARHC will reach 20,600 people in SE Alaska, or 29% of the entire region population by September 2013. New projects will be chosen each year, increasing the reach and impact of CTG funds over time.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Juneau Family Health and Birth Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Provide education on worksite breastfeeding practices for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pacific High School
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-2
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	Implement nutrition initiative in High School for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wrangell School District
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$24,667.00
5. Subaward Purpose:	Implement nutrition initiative in School District for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sitkans Against Family Violence (SAFV)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$3,500.00
5. Subaward Purpose:	Establish School Intramural Initiative for Physical Activity in Juneau and Sitka for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Takshanuk Watershed Council
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$20,300.00
5. Subaward Purpose:	Implement nutrition initiative in Haines for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
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1. Subaward Recipient Name:	Petersburg Mental Health Services
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Community Assessment in Petersburg for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sitka Local Foods Network
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	Community Assessment in Sitka for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Brave Heart Volunteers
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Coalition Development in Sitka for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Trestle, LLC
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Evaluation Services for the period 9/30/12 - 9/29/13

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Craig School District
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003670-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Implement nutrition initiative in Middle School for the period 9/30/12 - 9/29/13

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Public Health Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$5,926,365.00
8. Award Number:	5U58DP003677-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	CA4Health, the Public Health Institute's (PHI) "rest-of-state" Community Transformation Grant (CTG), covers CTG implementation in California's rural and less populous regions. These 42 counties, all under 500,000 in total population, represent a combined population of over 6 million and an area of 96,437 square miles. CA4Health is working across four strategic directions: 1) Reducing exposure to toxic secondhand smoke where people live by expanding the availability of smoke-free environments in multi-unit housing; 2) Fighting obesity, type 2 diabetes, heart disease and other chronic illnesses by decreasing the availability and consumption of sugary beverages; 3) Creating clinical-community linkages through adaptation and implementation of a model created at the Stanford University School of Medicine to improve chronic disease self-management and community engagement with public health discourse; and 4) Getting students and their families to be more physically active by making routes to schools and surrounding areas more walkable and bikeable. The California Department of Public Health is the primary statewide partner, providing strategic leadership in CA4Health's four areas of focus. PHI executed subawards with 12 counties that demonstrated need and readiness to implement CTG's approach to chronic disease prevention. The 12 "intensive" counties are Calaveras, Humboldt, Imperial, Madera, Mendocino, Merced, Monterey, Siskiyou, Shasta, Solano, Tulare, and Tuolumne. CA4Health established a programmatic infrastructure and communications system to deliver information and resources these county partners need to succeed. This included forming a statewide leadership team, producing a kick-off in-person Action Institute, hosting regular technical assistance calls, conducting site visits, hosting topical webinars, delivering a bi-weekly electronic newsletter, developing and implementing an evaluation plan, creating a brand name (CA4Health), and designing an online collaborative data and program management system (Public Health Data Solutions). PHI was also able to significantly extend both the breadth and depth of CTG funding in California by generating significant leverage in the form of added human, economic and social capital through key strategic organizational partnerships. With CA4Health fully operationalized in Year 1, counties began to achieve significant milestones and successes against the goals laid out in their Community Transformation Implementation Plans.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	California Department of Public Health
2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$123,176.00
5. Subaward Purpose:	CDPH provides technical assistance to local health departments in all content areas addressed in Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Calaveras County Health Department
2. Subaward Date:	09/30/12 to 12/31/2012
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$237,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Humboldt County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$237,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mendocino County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$237,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Merced County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00

5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Mendocino County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$237,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Tuolumne County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$237,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Imperial County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Madera County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Monterey County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Shasta County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Solano County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Tulare County Health Department
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$253,000.00
5. Subaward Purpose:	Local health department works with community-based public and private partners and statewide technical assistance providers to implement approved Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of California, Davis
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$127,945.00
5. Subaward Purpose:	Provides technical assistance and training to funded and unfunded counties implementing programs to support Strategic Direction #2 - Active Living and Healthy Eating.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of California, San Francisco
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$242,000.00
5. Subaward Purpose:	Provides technical assistance and training to funded and unfunded counties implementing programs to support Strategic Direction #3 - High Impact Clinical Services

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of California, San Francisco
2. Subaward Date:	9/30/12
3. Subaward Number:	\$213,809
4. PPHF Funding Amount:	5U58DP003677-02
5. Subaward Purpose:	Provides technical assistance and training to funded and unfunded counties implementing programs to support Strategic Direction #5 - Healthy and Safe Environments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	IP3
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$45,000.00
5. Subaward Purpose:	Develop an online platform for CTG counties to access public health and other relevant data, create reports on CTG activities and impacts, share new data and share documents to promote collaboration and peer-to-peer learning.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association in California
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Provides training and technical assistance to funded and unfunded counties on community engagement and planning related to implementation of Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Foundation Enterprises (California Youth Advocacy Network)
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$79,003.00
5. Subaward Purpose:	Provides training and technical assistance to funded and unfunded counties in promoting youth involvement in public health campaigns related to implementation of Community Transformation Implementation Plans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	California Primary Care Association
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	CPCA works with their membership to foster participation in CTG activities across the state. CPCA will work with Strategic Direction #3 to engage community health centers in implementation of chronic disease management programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	California Center For Public Health Advocacy
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	CCPHA provides training and technical assistance to 12 funded California counties on developing implementing strategies to reduce consumption of sugary beverages and increase consumption of water.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
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1. Subaward Recipient Name:	ChangeLab Solutions
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$125,000.00
5. Subaward Purpose:	To provide legal technical assistance to funded and unfunded counties on implementation of activities related to Strategic Directions #1, #2 and #5

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Behr Communications
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003677-02
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Provides communications support to funded and unfunded counties in the implementation of Community Transformation Implementation Plans and to support broad dissemination on CTG activities and impact.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Fund for Public Health in New York, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$8,391,881.00
8. Award Number:	5U58DP003689-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of the CDC Community Transformation Grant Program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures. In order to achieve this, the NYC Department of Health and Mental Hygiene (NYC DOHMH) will address the following four strategic directions: tobacco-free living, active living and healthy eating, high impact evidence-based clinical preventive services, and healthy and safe physical environments.</p> <p>During the reporting period, NYC DOHMH made significant progress on its objectives. DOHMH continued to promote tobacco-free living through work on voluntary smoke-free housing initiatives and through its work with the New York City Department of Finance (DOF). A smoke-free housing conference was held in October with multi-unit and supportive housing organizations interested in learning more about voluntary smoke-free housing guidelines. DOHMH continued its collaboration with DOF, supporting the enforcement of laws around illegal non-taxed cigarette sales. Active living and healthy eating work continued with the Shop Healthy Bronx program, which now has 74 food stores working to provide and promote healthier options in their stores. High impact evidence-based clinical preventive services were supported through DOHMH's Tobacco-Free Hospital Campaign, which has recruited 13 hospitals to participate; seven have already received Bronze Star status by improving their tobacco policies and expanding their cessation offerings, making it easier for smokers and recent quitters to quit or stay quit. In addition, health care providers were trained and technical assistance was provided to clinics on how to integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT) into regular practice, a protocol to screen and intervene with patients for potential substance and alcohol use problems. Finally, healthy and safe physical environments were increased through our work promoting playstreets, which closes off city blocks for active play. The Partnership for a Healthier New York City (PHNYC) supported this work by working with their borough lead organizations to develop activities around healthy eating, active living, tobacco-free living, and excessive and underage alcohol use and by releasing an RFP to support additional community organizations doing similar work in NYC neighborhoods.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Joslyn Levy & Associates, LLC
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$124,994.00
5. Subaward Purpose:	<p>This consultant provides expert consultation in the science of clinical quality improvement. They have been contracted to run the NYC Hospital Breastfeeding Collaborative and facilitate key activities for the 10 participating NYC maternity hospitals.</p> <p>During this period, this consultant provided ongoing quality improvement advising to hospital teams, participated in regular project planning meetings with Department of Health and Mental Hygiene project team and initial planning efforts for Learning Session 2, provided guidance on participation of hospitals affected by Hurricane Sandy and on priority hospitals for site visits by staff from the department and a proposed approach for conducting site visits, as well as conducted outreach to speakers and prospective faculty for Learning Session 2.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alcohol Advertising Reform Initiative, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$52,000.00
5. Subaward Purpose:	<p>NY Center for Alcohol Policy Solutions (NYCAPS), a project of Alcohol Advertising Reform Initiatives, Inc., will partner with Department of Health and Mental Hygiene (DOHMH) to manage, guide, convene and collaborate on building a city-wide partnership; collaborate with the Partnership for a Healthier NYC on alcohol education; assist in the development of community based organization activities; participate in educational campaign development; engage non-traditional stakeholders (e.g. suicide prevention organizations) in raising awareness of alcohol-related issues, and provide ongoing technical support to DOHMH, the Partnership, and its partners.</p> <p>During this period, NYCAPS supported workplan development by borough leads and community based organizations; met with non-traditional stakeholders; and provided ongoing technical support to the Partnership, its borough leads, and community based organizations.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NYC Coalition for a Smoke-Free City, Public Health Solutions
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$439,194.00
5. Subaward Purpose:	<p>The NYC Coalition for a Smoke-Free City, a program of Public Health Solutions, educates community members and stakeholders on tobacco control issues by coordinating the efforts of dozens of community-based and health-focused organizations. The CTG funds will enable the NYC Coalition to expand its efforts to educate on the benefits of tobacco-free living, which is a strategic direction of the CTG.</p> <p>During this period, the NYC Coalition finalized two new reports on smoke-free housing, provided ten trainings on smoke-free housing and media, worked with the LGBT community to work with youth on point of sale, create a new info graphic on smoke-free housing that has been widely disseminated through national networks as well as local networks, blogged weekly on tobacco issues including smoke-free housing and point of sale, and retooled the NYC Coalition website to make it more interactive.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Partnership for a Healthier New York City, Public Health Solutions

2. Subaward Date:	09/30/12
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$862,618.00
5. Subaward Purpose:	<p>The Partnership for a Healthier New York City (PHNYC) is a new city-wide partnership housed by Public Health Solutions (PHS). The Partnership coordinates citywide efforts to implement environmental changes to advance CTG objectives, bringing together existing coalitions and organizations involved in tobacco control and obesity prevention and control efforts and building capacity to prevent alcohol-related problems.</p> <p>During this period, the Partnership worked with the five Borough Lead Organizations, the Department of Youth and Community Development (DYCD), PHS, and the Support Center for Nonprofit Management to submit their final Year 1 reports as well as developing their Year 2 contracts. Partnership staff also worked with the five Borough Leads to develop and approve their work plans for Year 2. The Partnership also worked with DOHMH and the Fund for Public Health to draft, release and begin the selection process for a Request for Proposals for smaller neighborhood level community organization contracts. Two final staff were hired during this period, the Partnership's advertising campaign was launched and the website was updated. In addition, Partnership and Borough Lead staff were trained to use report and contact management software. Finally, Partnership staff attended numerous borough coalition meetings, convened the fourth meeting of the Partnership's Coordinating Committee, and began work with DYCD to plan next summer's Youth Employment Program activities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NC Prevention Partners
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$124,500.00
5. Subaward Purpose:	<p>North Carolina Prevention Partners (NCP) provides support tools to the NYC Department of Health and Mental Hygiene's (DOHMH) Tobacco-Free Hospital Campaign, which seeks to establish tobacco-free hospital campuses, and to build employee and patient comprehensive tobacco cessation systems at all NYC hospitals.</p> <p>During this period, NCPP provided access to their web-based assessment tools to all participating hospitals, including the Culture of Wellness and Tobacco Modules (part of the WorkHealthy America tool) and the Patient Quit Tobacco System, which is designed to assess inpatient screening and treatment protocols. They also adapted the inpatient screening and treatment tool to apply to outpatient clinic settings, with review and testing from the DOHMH (to be launched in early 2013) and provided access to four webinars including: Introduction to the New User Interface and three demonstrations of the Patient Quit Tobacco System.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chenoa Information Systems
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$52,612.00
5. Subaward Purpose:	<p>Chenoa is the software vendor that has developed an analytic tool that the NYC Department of Health and Mental Hygiene (DOHMH) uses to disseminate provider data. This consultant will be responsible for maintaining DOHMH's Primary Care Information Project (PCIP) data bank, performing data mapping and developing/maintaining data load packages and extract, transfer and load (ETL) processes to support PCIP's electronic health record (EHR) data warehouse, generating benchmarks and/or trending statistics.</p> <p>During this period, the consultant participated in development, implementation, testing and debugging including writing technical design specifications, developing programs using SQL Server BI suite (SSIS, SSRS and SSAS). The consultant also built and deployed analytical cubes as assigned. In addition, the consultant developed customized reports, updated existing SSRS reports, conducted ad hoc analyses, investigated on-going data issues with data warehouse and dashboard reports, and evaluated the appropriateness of the data utilized.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NYC Department of Health and Mental Hygiene
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003689-02
4. PPHF Funding Amount:	\$2,866,050.00
5. Subaward Purpose:	<p>The New York City Department of Health and Mental Hygiene (DOHMH) will support 24 funded personnel to implement programmatic aspects of the Community Transformation Grant (CTG) and ensure that all programmatic requirements and objectives of the Grant have been met.</p> <p>During this period, DOHMH covered the salary and fringe as well as the hardware, IT, and administrative expense incurred for the 24 funded personnel on the Community Transformation Grant. Key activities during the reporting period are described in the Summary of Activities above.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$370,684.00
8. Award Number:	5U58DP003704-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	North Dakota focused on establishing the CTG infrastructure components necessary to support successful implementation of its CTG Capacity Building Plan. Key activities included: maintaining the Healthy North Dakota Collaborative; establishing the CTG Leadership Team; establishing the CTG Management Team; conducting a comprehensive statewide health assessment; developing a culturally appropriate data collection strategy for North Dakota's tribal nations; and identifying an appropriate CTG communication strategy.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Dakota State University
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003704-02
4. PPHF Funding Amount:	\$116,853.00
5. Subaward Purpose:	Contractor developed a tribal specific community engagement course; participated as a member of the CTG Leadership Team; assisted with American Indian community outreach and stakeholder engagement; and developed a plan to collect American Indian health data.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of North Dakota, Center for Rural Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003704-02
4. PPHF Funding Amount:	\$148,007.00
5. Subaward Purpose:	Contractor collected and analyzed existing statewide and community health data; provided program management duties including coordination and facilitation of CTG Leadership Team, assisting with CDC reporting requirements and coordinating project activities amongst partners; and participated as a member of the CTG Leadership Team.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Fairfax Community Neighborhood and Community Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,559.00
8. Award Number:	5U58DP003706-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Community Transformation Grant (CTG) program has given the Fairfax community an opportunity to build its capacity and work together to prevent chronic diseases. With over one million residents, Fairfax County is the largest jurisdiction in Virginia and in the National Capital region. The county's size and diversity present challenges to addressing community health needs, often marked by disparities among different populations. Given the challenges to meeting the needs of a diverse population, the health risk factors facing Fairfax threaten to diminish the county's overall health status and create even greater disparities among health outcomes. Fairfax County's efforts in the CTG are strictly community-led through its Partnership for a Healthier Fairfax (PFHF) – a multi-sectoral coalition of over 300 community members.</p> <p>From September through December 2012, the PFHF focused on conducting a Policy System and Environmental scan (PSE scan). The PFHF reviewed over 150 county, school, and other key community policies, systems and environments that impact, or have the potential to impact, the health of the different communities in Fairfax.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The MayaTech Corporation
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003706-02
4. PPHF Funding Amount:	\$49,170.00
5. Subaward Purpose:	From September through December 2012, MayaTech provided training, facilitation, and technical assistance on using CDC's CHANGE tool to analyze current policies across sectors and their impacts on public health. They also developed recommendations for improvement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Center for the Study of Social Policy
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U58DP003706-02
4. PPHF Funding Amount:	\$47,935.00
5. Subaward Purpose:	From September through December 2012, The Center for the Study of Social Policy has provided training, facilitation, and technical assistance to staff and project team members on implementing the Institutional Analysis framework. The methodology of Institutional Analysis employed by CSSP provides a unique perspective for understanding health disparities and how policies and practices impact individuals in real-life settings. This framework expands the scope of a health policy scan to include an analysis of organizational practices, resources, training, philosophy, and other relevant areas.

1. Subaward Recipient Name:	
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Dayton/Montgomery County Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$180,246.00
8. Award Number:	5U58DP003707-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Public Health – Dayton & Montgomery County (PHDMC) has added an additional staff person for Year 2 (FY2012) beginning September 30, 2012, to assist with CTG activities. This person is a public information specialist and will lead CTG communication efforts. As of December 31st we are fully staffed. Currently, we have one contract in place with an experienced evaluator for Year 2. This contract is with an evaluator from Case Western University. Her role is to assist with coalition assessment and capacity building; evaluation planning; and dissemination. Subaward recipient information is not being provided for her because her contract is less than \$25,000.</p> <p>Summary of activities for Year 2 accomplished to date include the following:</p> <ol style="list-style-type: none"> 1. The Leadership Team met in October and December. During the October meeting the group received a CTG update, which included an overview of the CTG as well as a description of the Leadership Team and its role. In addition, the tobacco free living strategy document was reviewed and feedback was provided. In December the Leadership Team reviewed the Healthy Eating/Active Living document and provided feedback. 2. There were several coalition meetings this quarter. The Tobacco-Free Coalition (TFC) met October, November and December. The Dayton Council on Health Equity (DCHE) met in December and the Diabetes Coalition met in October. The TFC and DCHE received CTG updates and have begun to develop strategies. It has been decided that clinical preventive services will not be addressed through a coalition, but local public health professionals have been engaged to discuss options. This includes partnering with pharmacists to prevent and control chronic diseases; working with the local American Heart Association; and addressing health literacy. CTG strategies were discussed with the Tobacco-Free Coalition and the Dayton Council on Health Equity. 3. We are working on the Montgomery County Health Disparities Report. Once complete, this document will be shared with stakeholders. Our evaluator developed an assessment tool for pharmacists related to health literacy. There was also discussion on how to obtain data on 9th-12th graders in Montgomery County. This is a data gap within our community. 4. The public information specialist was added to share information about CTG initiatives. There was networking done with a CDC communications contractor to discuss a communication plan. Work has been done on the health disparities document as well as two strategy documents (tobacco-free living and healthy eating/active living). 5. There was regular dialogue with the Leadership Team and coalitions. Their feedback was incorporated in strategy documents for tobacco-free living and healthy eating/active living. These documents are almost complete and the information included was driven by the policy scan, community engagement, Leadership Team feedback, and CDC recommendations.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	My Brother's Keeper, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003711-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>My Brother's Keeper, Inc. received one of 61 awards from the Centers for Disease Control and Prevention (CDC). The funding is part of the U.S. Department of Health and Human Services' (HHS's) Community Transformation Grants (CTG) to support public health efforts to reduce chronic diseases and disparities, promote healthier lifestyles, and control health care spending through sound environmental health and policy change. Nationwide, other communities are also working together to decrease health disparities and ignite a culture of health and comprehensive wellness.</p> <p>Project CHANGE – another innovative initiative of My Brother's Keeper, Inc. – is the ever growing result of that CTG funding. Project CHANGE supports community health prevention strategies that focus on Tobacco-Free Living, Active Living and Healthy Eating, High Impact Quality Clinical and Other Preventive Services, Social and Emotional Wellness, and Healthy and Safe Physical Environments in Mississippi.</p> <p>Project CHANGE has funded 26 Mississippi organizations since its inception and currently supports 13 initiatives across the state through sub-awards. Communities are joining My Brother's Keeper in the charge to understand broad evidence and practice based policy along with environmental, programmatic and infrastructure systems change strategies while using those strategies to enhance healthy living in Mississippi. Through assertive collaborations, partnerships, capacity-building and training, Project CHANGE is reaching into new markets, arenas and populations with the goal of creating a healthier Mississippi one community at a time.</p> <p>Social Networks: Project CHANGE has established Facebook and Twitter accounts and disseminates studies, briefs, policy and other health promotion information via posts, "tweets" and updates.</p> <p>Outreach / Partnership: Project CHANGE has also formed partnerships with, sponsored events with or attended programs with the following agencies / organizations: Brinkley Elementary School Self Awareness Seminars The Mississippi School for the Blind Mississippi Primary Health Care Association Jackson State University Farmer's Network Walter Payton Center Against Obesity Walk Davis Magnet IB School Teaching Garden Mississippi Food Policy Council Partnership - Project CHANGE Capacity Building Conference Healthy Farms, Healthy People Conference** Gaining Ground Sustainability Institute of Mississippi Policy Change For Teen Pregnancy Webinar: Smoke Damages – Voices from The Front Line of Americas Tobacco WARS Foundation for the MidSouth's Health Southern Cities' Summit RESPECT Training Yazoo City High School Pink Symposium – Breast Cancer awareness American Cancer Society Health Fair Levi Strauss</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	iThink Group
2. Subaward Date:	11/01/2012
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	<p>By August 31, 2013, i-Think Group will conduct a hybrid policy and environmental scan to understand Mississippi's public health policy landscape and identify best practices in implementing public health policy change in the areas of healthy eating, active living and healthy physical environments in Mississippi. i-Think Group will serve as the lead organization for the Project CHANGE policy scan cohort facilitating monthly conference calls with Mississippi State University and other project support teams and organizations including but not limited to the Foundation for the Mid South, American Cancer Society, American Heart Association, American Lung Association, Partnership for a Healthy Mississippi, One Voice Mississippi, Mississippi Health Advocacy Program, Mississippi Center for Health Policy, Mississippi Public Health Association, and the Mississippi State Department of Health. Monthly conference call reports were produced for each call.</p> <p>i-Think Group will identify state, regional and notable local organizations with Healthy Eating, Active Living and Healthy Environment focuses. Via internet research as well as expert interviews conducted in-person, by email and telephone, i-Think will produce a database of efforts and organizations committed to the aforementioned strategy areas in Mississippi.</p> <p>After i-Think Group produces a database of project relative individuals, efforts and organizations, they will develop original and relative interview questions and protocol based on information compiled during preliminary interviews. The group will also develop survey questions and a survey protocol along with a pilot test survey. Currently, they are conducting interviews and surveys with state, regional and notable local organizations working in the previously mentioned strategic areas. A summary Report of Data Analysis and Findings is pending completion February 2013.</p> <p>In October, 2012, i-Think Group will begin to identify statewide legislative related to the strategic directions from the previous three Mississippi legislative sessions (2010-2012). In partnership with the Mississippi Center for Health Policy, i-Think Group will produce a comprehensive scan of legislative recommendations and bills that either were passed or failed bills during the legislative sessions that convened 2010-2012.</p> <p>In conjunction with the policy scan, interviews and surveys will be conducted. i-Think Group is will aos conduct an academic and editorial review of published materials to complete a literature review of best practices in implementing public health policy change. The literature review is pending completion June 2013.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Tougaloo College
2. Subaward Date:	11/01/2012
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	\$30,000.00

<p>5. Subaward Purpose:</p>	<p>Tougaloo College/Central Mississippi Area Health Education Center (CMAHEC) was funded to conduct a state-wide environmental scan and spatial analysis of health trends and disparities (CVD, diabetes, hypertension, etc...) based on geographic influences, patterns, and other factors that influence health. The spatial analysis will use GIS technology to investigate, map, and describe health trends relative to their proximity to fast food restaurants, grocery stores, fitness facilities, hospitals, community health centers, and providers. The project will use secondary data to identify and describe health trends and disparities.</p> <p>Findings will be used to make recommendations for program development in MBK's strategic directions aforementioned. Expected outcomes include: 1) GIS maps describing health trends/disparities by type, and geographic influences (i.e., location, patterns, distribution); 2) Geographic trends mapped to describe the effect that accessibility to fast food, fitness, fresh foods, and access to care have on health trends and quality of life; 3) Provider distribution mapped to show the geographic relationship between location of providers and health trends. Spatial analyses will look at the social determinants that are associated with a particular health disparity and health behaviors</p> <p>Specific goals of the project are to conduct a statewide environmental scan and spatial analysis that can be used to: (1) describe existing/emerging health trends and disparities in relationship to the geographic/political factors that influence health outcomes (i.e., coordinated school health programs, county health rankings, grocery stores, fitness facilities, and hospitals; and other elements important to reducing health risk factors); (2) GIS map and specify (by geographic prevalence) health trends and disparities based on their proximity to fast food restaurants, (3) describe and map the relationship between the location of providers and health trends (i.e., cost of travel, access to care, and primary specialties), and (4) isolate and map geographic clusters where health disparities and gaps in service are most prevalent based on findings from the spatial analysis.</p> <p>The statewide environmental scan will examine secondary health data from 2004-2010 to identify and map health disparities and geographic factors that influence health outcomes. Prevalence data will be used to describe state health trends. Data sources include the U. S. Census Bureau, SMART: BRFSS, YRSS, Mississippi Vital Statistics, CDC Wonder, National Center for Health Statistics, Kaiser State Health Facts, MSDH State Level Data, MDE, Office of Nursing Workforce, Medical Licensure Board, MS Primary Health Care Association, and MS Hospital Association.</p>
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FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Oklahoma City-County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$589,053.00
8. Award Number:	5U58DP003712-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	Great strides have been made in our community to begin the work of implementing evidence-based strategies to improve health in the strategic direction areas of the Community Transformation Grant. For tobacco free living, work has begun to reach out to owners of multi-unit housing facilities to assess their attitudes towards creating a smoke-free environment for their residents. Additionally, evidence-based strategies to improve employees' physical activity and nutrition will be shared with worksites. For active living and healthy eating, work has begun in the largest school district in Oklahoma County to increase the number of minutes students spend in physical education and physical activity through the day. The City of Oklahoma City has begun to lay the groundwork to improve pedestrian access to local parks and implement a comprehensive complete streets plan for Oklahoma City.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Lung Association of the Plains-Gulf Region, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003712-02
4. PPHF Funding Amount:	\$63,879.21
5. Subaward Purpose:	The American Lung Association has hired a coordinator to focus on Community Transformation Grant strategies related to tobacco free living. The coordinator has developed an owner survey to learn about current smoking guidelines in multi-unit housing facilities and their opinions on smoke-free housing. Additionally, the coordinator is collaborating with the Oklahoma State Department of Health to identify/create educational materials about smoke-free housing to distribute to landlords, property owners, residents of multi-unit housing facilities and the community. A database has been developed of all multi-unit housing complexes and their owners/landlords from the Oklahoma City Assessor's Office. Additionally, the coordinator is collaborating with HUD and other partners to map low-income populations and public housing residents.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Oklahoma City
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003712-02
4. PPHF Funding Amount:	\$52,783.93
5. Subaward Purpose:	The City of Oklahoma City has hired a Planner to focus on CTG strategies related to Healthy and Safe Physical Environments and Active Living and Healthy Eating. Their work focuses on three primary areas: Complete Streets, Food Systems, and Parks and Recreation Access. For Complete Streets, initial research associated with complete/livable streets has been completed and draft standards for different street typologies throughout the city have been developed. Additionally, they are currently working with allied city departments to refine the standards and incorporate applicable policies into our city's comprehensive plan. For Food Systems, a parcel-level modified retail food environment index has been completed; this describes the relative availability of grocery stores, restaurants, and convenience stores for each residential parcel in Oklahoma City. The pedestrian access of grocery stores in Oklahoma City is also being assessed. Additionally, the food distribution system is being analyzed and barriers to urban agriculture are being identified. For Parks and Recreation access an analysis for pedestrian access to parks has been completed and they have begun to identify health determinants and outcomes for a health impact assessment.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oklahoma City Public Schools
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003712-02
4. PPHF Funding Amount:	\$45,985.48
5. Subaward Purpose:	The Oklahoma City Public Schools district has hired a PE coordinator who will work with schools to increase the number of minutes students spend in physical education and the amount of time they are physically active throughout the school day. A survey has been distributed to schools to assess the current situation, and the PE schedules for several schools have been reviewed.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oklahoma City Boathouse Foundation
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003712-02
4. PPHF Funding Amount:	\$38,289.09
5. Subaward Purpose:	The Oklahoma City Boathouse Foundation has identified a Health Promotion Specialist to work on CTG strategies related to Active Living and Healthy Eating and Tobacco Free Living. The coordinator will begin working with businesses to reduce exposure to secondhand smoke for their employees, as well as improve physical activity and nutrition.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Oklahoma State Department of Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003712-02
4. PPHF Funding Amount:	\$32,000.00

5. Subaward Purpose:	The Oklahoma State Department of Health will add questions to BRFSS to aid in the collection of data around the five core measures (weight, nutrition, physical activity, tobacco use, and emotional well-being and mental health). Additionally, surveys will be oversampled in Oklahoma County.
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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	County of San Diego Health and Human Services Agency
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,139,560.00
8. Award Number:	5U58DP003716-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Strategic Direction 1- Tobacco-free Living Objective: Increase the number of people with access to tobacco-free or smoke-free environments to 148,500 by September 2016.</p> <ul style="list-style-type: none"> Posted the request for proposal (RFP) in August 2012. Through its RFP procurement process, posted the to award Social Advocates for Youth (SAY) San Diego as sub-recipient to implement voluntary smoke-free multi-unit policies in affordable/low-income housing with an anticipated execution date on March 1, 2013. <p>Strategic Direction 2- Active Living & Healthy Eating Objective: Increase the percent of active transportation (commute and non-commute) mode share by 20% by September 2016.</p> <ul style="list-style-type: none"> Executed a contract with a Metropolitan Planning Organization (MPO), San Diego Association of Governments (SANDAG) in July 2012. Member of SANDAG's Public Health Stakeholder Group (PHSG), an ongoing advisory group on public health-related issues for regional planning. <p>Objective: Increase the percent of active transportation mode share (walking and bicycling) in San Diego County by 20% by September 2016.</p> <ul style="list-style-type: none"> Participated in monthly regional Safe Routes to School Coalition meetings. <p>Objective: Increase the number of people with access to environments with healthy food and beverage options to 1,406,000 by September 2016.</p> <ul style="list-style-type: none"> Executed a contract with San Diego Unified School District in September 2012, securing a reach of 130,000 students for this intervention. Identified Chula Vista Elementary School District in San Diego County as a contract to implement physical activity opportunities for students. Contract Scope of Work has been completed, approved by School Board and waiting CDC approval. <p>Objective: Increase the percent of schools that provide physical activity opportunities for students to achieve 30 minutes of physical activity during the school day within a particular school district by 50% by September 2016.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	San Diego Association of Governments (SANDAG)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003716-02
4. PPHF Funding Amount:	\$500,000.00
5. Subaward Purpose:	<p>The San Diego Association of Governments (SANDAG) serves as a Metropolitan Planning Organization (MPO) as the forum for regional decision-making for 18 cities and the County of San Diego. SANDAG builds consensus, makes strategic plans, obtains and allocates resources, plans, engineers, and builds public transportation, and provides information on a broad range of topics pertinent to the region's quality of life.</p> <p>SANDAG is governed by a Board of Directors composed of mayors, councilmembers, and county supervisors from each of the region's 19 local governments. Supplementing these voting members are advisory representatives from Imperial County, the U.S. Department of Defense, Caltrans, San Diego Unified Port District, Metropolitan Transit System, North County Transit District, San Diego County Water Authority, Southern California Tribal Chairmen's Association, and Mexico. The Board of Directors is assisted by a professional staff of planners, engineers, and research specialists.</p> <p>Strategic Direction 2: Active Living Objective: Increase the percent of active transportation (commute and non-commute) mode share by 20% by September 2016.</p> <p>The CoSD-HHSA and Sub-recipient (SANDAG) initiated an inter-agency quarterly coordination meeting among leadership to review overall CTG progress, develop strategies for achieving contract goals and explore partnership and collaboration opportunities.</p> <ul style="list-style-type: none"> Participated in CTG Leadership Team meetings and presented MPO CTG work. Invited key HHSA staff to participate on their internal Regional Plan Team. Public health representation on the Regional Plan Team provides another key opportunity for the integration of public health evidence and information into the regional planning process. Revised guidelines for its FY2010-2013 Smart Growth Incentive grant program which now approves Health Impact Assessments (HIA) as an eligible activity for cities to undertake. <p>Strategic Direction 5 – Healthy & Safe Physical Environments PPO 9 - Increase the number of Health Impact Assessments (HIA) protocols within MPO to implement a process for assessing impacts of community or regional environmental change, from 0 to 1 by September 2016.</p> <ul style="list-style-type: none"> Revised guidelines for its FY2010-2013 Smart Growth Incentive grant program, adding HIA as an eligible activity for cities to undertake. Drafted a scope of work for HIA activities to commence in Year 2.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	San Diego Unified School District
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003716-02
4. PPHF Funding Amount:	\$150,000.00

5. Subaward Purpose:	<p>San Diego Unified School District (SDUSD) serves more than 134,000 students in pre-school through grade 12 and is the second largest district in California. The student population is extremely diverse, representing more than 15 ethnic groups and more than 60 languages and dialects. SDUSD has 228 educational facilities, of which 132 are elementary schools, 26 are middle schools, and 19 high schools with approximately 15,900 full time equivalent employees. More than 6,000 teachers are in classrooms. Nearly 60% of the students are eligible for free or reduced meals.</p> <p>SDUSD shall provide the services described herein to accomplish the following goals:</p> <p>To improve school meal offerings and a la carte foods available through increased fruit and vegetable availability and decreased sodium content.</p> <p>To be a model for other school districts and provide outreach and promotion regarding healthier school food.</p> <p>Strategic Direction 2: Healthy Eating</p> <p>Objective: Increase the number of people with access to environments with healthy food and beverage options to 1,406,000 by September 2016.</p> <ul style="list-style-type: none">• Initiated the implementation of menu enhancements to include an increase in fresh fruit and vegetables.• Continued to co-chair the San Diego Farm to School Task Force, engaging other school districts in the County on healthy food and beverage option in schools.
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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Makah Tribal Council
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$218,929.00
8. Award Number:	5U58DP003717-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Makah Tribe is located on the remote northwestern tip of the state of Washington. The Reservation is extremely isolated from other communities. Approximately 1400 individuals live on the reservation; 80% enrolled Makah members and 20% other American Indian/Alaska Native or non native residents.</p> <p>Chronic disease health disparities lead to higher rates of premature morbidity and mortality among our community members. Among Makah Elders (age 55 and over), 90.5% report that they are overweight or obese compared with 24.6% nationally. Among Makah adults seen at the clinic: 26.2 % of adults use tobacco and 32.1% of adults are diagnosed with hypertension, both higher than Healthy People 2020 goal for adults.</p> <p>The Makah Tribe Community Transformation is leading the way in bringing together community leaders, health care providers, business organizations and other partners to prevent chronic disease on the Makah Indian Reservation. During the FY 2012 reporting period, major accomplishments included the following:</p> <ol style="list-style-type: none"> 1. Engaged the community in a series of walkability and bikeability assessments. We leveraged our CTG funds through a US EPA "Building Sustainable Communities" block grant that provided technical assistance to conduct community engagement and assessment in October and November, 2012. More than 200 individuals participated in the activities including: "Safer Elder Walking" assessment; a bike repair workshop led by a volunteer from Seattle's non-profit "The Bikery"; youth engagement at Neah Bay Middle School; walking and biking assessments of downtown Neah Bay with elders, high school students, and families with small children; and a "Walking and Biking in Neah Bay" Community Dinner. Results included: Makah Business Enterprise offers to purchase bikes that will be available for low-fee rental by community members; a Biking Workgroup formed to explore opening a bike repair shop; walkability and bikeability findings presented to Tribal Program Directors and Tribal Council at their request. 2. Participated in needs assessment and planning meeting with partners from WSU Extension, Neah Bay schools, local businesses, tribal council, county council, and tribal programs to identify evidence-based strategies for improving access to healthy foods. Result is WSU Extension will partner with area non-profits to provide education and technical assistance for gardening and development of a farmers market. 3. Completed Community Health Needs Assessment (CHNA) and Policy Scan. Partnered with county, state and tribal health departments. 4. As a Native American Tribe, our Leadership Team and Coalition helped identify priorities related to tobacco-free living, healthy eating and active living that utilizes evidence-based best- and promising- practices that are culturally relevant and meaningful to a people who have lived at the most northwestern point in what is now the contiguous United States "since the beginning of time."

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Louisville/Jefferson County Metro Government
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$403,624.00
8. Award Number:	SU58DP003724-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	Strategic Direction 1-Smoke-Free Multi Unit Housing: CTG funds were used to support a voluntary increase in demand and availability of public and private smoke-free multi-family housing. CTG Program Manager worked closely with the Louisville Metro Housing Authority (LMHA) to review housing administration policies and incorporate national best practices to assist LMHA in developing a comprehensive smoke-free policy. Research was conducted on best practices and resources for creating a smoke-free toolkit for Louisville landlords and tenants. To expand and support community infrastructure for smoke-free transitioning, areas with high smoking rates and health disparities were strategically targeted for recruiting and training new Cooper Clayton Smoking Cessation (CCSC) facilitators. Strategic Direction 2-Healthy Eating: CTG funds were used to support transformation of the context for residents across Louisville Metro to consume healthier food, through strategic solutions across the Jefferson County Public School system; as well as supporting Metro residents to safely grow their own fresh fruit and vegetables as part of an urban home and community garden program. A site was chosen in West Louisville to serve as the first pilot safe urban garden project transforming a vacant lot into a community garden. Two concept ideas were drafted for the selected future garden site and partner meetings were held in December 2012 to engage stakeholders and residents to determine and build community interest. CTG Program Manager also convened the Special Taskforce between Jefferson County Public Schools and the Louisville Metro Dept. of Public Health & Wellness (LMPHW) to consider the community's best opportunities for a transformative "Healthy Schools Strategy". Strategic Direction 3-Chronic Disease Prevention and Control: CTG funds were used for the comprehensive integrated delivery of quality clinical preventive services in federally qualified health centers (FHC, Inc.). This initiative leveraged the new EHR installation allowing the FHC, Inc. to begin the transformation to a patient centered medical home. CTG Program Manager worked with the FHC, Inc. implementation team to add process evaluation capabilities. This strategy will be supported by increasing participation of low income and/or African Americans in the YMCA of Greater Louisville's Diabetes Prevention Program. Two (16 weeks each) YMCA Diabetes Prevention Program cohorts were also launched during the reporting period.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Family Health Centers, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	SU58DP003724-02
4. PPHF Funding Amount:	\$76,870.00
5. Subaward Purpose:	The Family Health Center (FHC) in Portland (West Louisville) implemented the first phase of Electronic Health Records (EHR) adoption, and went live with the Intergy Practice Management System in October 2012. The grant funded Patient Centered Medical Home (PCMH) Coach began working with the medical and nursing staff to provide education on the implementation of a PCMH to address chronic illnesses. The PCMH Coach joined the Executive Staff and Department Head staff meetings. Presentations were given to leadership members who attended these meetings in order to outline and provide knowledge of what a PCMH practice looks like and why the FHC is seeking this recognition. The PCMH Coach also worked with the EHR Leadership Committee to assist in designing EMR templates that are in line with a PCMH. Work teams were created to map and construct the workflow for staff and providers on the EHR. At this juncture, the FHC will be able to track data related for the monitoring of chronic illnesses, including high blood pressure and cholesterol levels. Lastly, the PCMH Coach joined the Quality Improvement subcommittee meetings to work with the FHC front office and medical records staff to provide education on implementation of a PCMH to assure that information on tracking chronic illnesses, empanelment, and open-access scheduling will be utilized. Open access scheduling and empanelment projects were kicked off during October - December 2012.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Kentucky Cancer Program via University of Louisville Research Foundation
2. Subaward Date:	09/30/2012
3. Subaward Number:	SU58DP003724-02
4. PPHF Funding Amount:	\$17,815.00
5. Subaward Purpose:	The Kentucky Cancer Program (KCP) began the process of identifying appropriate geographic locations across the community for the 2013 Cooper Clayton Smoking Cessation (CCSC) facilitator program. Utilizing existing community networks, the KCP Control Specialist also identified potential Cooper Clayton Smoking Cessation facilitators, targeting communities and areas with the highest rates of smoking and health disparities.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Center for Environmental Policy & Management via University of Louisville Research Foundation
2. Subaward Date:	9/30/2012
3. Subaward Number:	SU58DP003724-02
4. PPHF Funding Amount:	\$31,619.00
5. Subaward Purpose:	Project leaders met several times during the month of December 2012 to discuss and confirm the selection of the first pilot project. The pilot project is a safe urban gardening project that involves attending planning and community meetings, design assistance, and plan of action development; creation of education materials to integrate safe soil practices into standard gardening practices; development and maintenance of a website for the project; and support for data collection and management for soil tests. The first pilot project site was chosen located in West Louisville, at 28th Street & Dumesnil. A site visit was conducted, photos were taken, and an initial site analysis was conducted. Several design sketches of two different concept plans for the site were drafted and produced in Photoshop. Additional color drafts of the designs with aerial shots were produced for use in the community meeting held in December to determine and build community interest. A key partner in this project/strategy, is the Jefferson County Cooperative Extension, who attended the community meeting in December where work plans for year two were discussed. Dates were also tentatively set for two of the community-wide meetings, educating residents on safe urban gardening practices. The project website was updated with safe urban gardening resources and meeting materials. Four new resource documents to be used in future community meetings were made available to the public and to the Jefferson County Cooperative Extension Agents and Master Gardeners to use as teaching and resource tools for integrating safe soil practices into their trainings continue to be edited and formatted. These drafts have been translated into five languages, Arabic, Nepali, Somali, Spanish, and Swahili. These translations continue to be edited. They will be evaluated by native speakers before final distribution. Website information is available at: http://louisville.edu/cepm/safe-urban-garden-development-program.html

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	Jefferson County Cooperative Extension
2. Subaward Date:	9/30/12
3. Subaward Number:	SU58DP003724-02
4. PPHF Funding Amount:	\$15,077.00
5. Subaward Purpose:	Project leaders met several times during the month of December 2012 to discuss and confirm the selection of the first pilot project. The pilot project is a safe urban gardening project that involves attending planning and community meetings, design assistance, and plan of action development; creation of education materials to integrate safe soil practices into standard gardening practices; development and maintenance of a website for the project; and support for data collection and management for soil tests. The first pilot project site was chosen located in West Louisville, at 28th Street & Dumesnil. A site visit was conducted, photos were taken, and an initial site analysis was conducted. Several design sketches of two different concept plans for the site were drafted and produced in Photoshop. Additional color drafts of the designs with aerial shots were produced for use in the community meeting held in December to determine and build community interest. A key partner in this project/strategy, is the University of Louisville Center for Environmental Policy & Management, who attended the community meeting in December where work plans for year two were discussed. Dates were also tentatively set for two of the community-wide meetings, educating residents on safe urban gardening practices. The project website was updated with safe urban gardening resources and meeting materials. Four new resource documents to be used in future community meetings were made available to the public and to the Jefferson County Cooperative Extension Agents and Master Gardeners to use as teaching and resource tools for integrating safe soil practices into their trainings continue to be edited and formatted. These drafts have been translated into five languages, Arabic, Nepali, Somali, Spanish, and Swahili. These translations continue to be edited. They will be evaluated by native speakers before final distribution. Website information is available at: http://louisville.edu/cepm/safe-urban-garden-development-program.html

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]

1. Subaward Recipient Name:	YMCA of Greater Louisville
2. Subaward Date:	9/30/12
3. Subaward Number:	SU58DP003724-02
4. PPHF Funding Amount:	\$82,515.00
5. Subaward Purpose:	The YMCA of Greater Louisville in collaboration with Keeping It Real Inc., a non-profit with local experience engaging low-income, African American populations, conducted outreach among 425 + residents, informing them of the YMCA's Diabetes Prevention Program (YDPP). During the reporting period, Keeping It Real Inc., referred a total of twelve individuals to the YMCA and as expected, two new cohorts were started and a total of three cohorts were completed by sixteen individuals. Of the sixteen individuals, 62.5% were low income and/or African American.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Cobb County Board of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$499,000.00
8. Award Number:	5U58DP003731-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	Cobb County Board of Health and its local partners is working to reduce the incidence and prevalence of chronic disease in Cobb County, GA. The CTG project supports evidence- and best practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The five-year target is a minimum of 5% improvement in measures of tobacco use, obesity, heart disease and stroke. Years 1 and 2 have focused on capacity-building, with the goal of finalizing a community health assessment and improvement planning process using the MAPP (Mobilizing for Action through Planning and Partnerships) framework. Methodology has centered on implementing policy, environmental, programmatic, and infrastructure changes to achieve five strategic directions aligning with "Healthy People 2020." Strategic directions identified by Cobb leaders include tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services (specifically prevention and control of high blood pressure), social and emotional wellness, and healthy and safe physical environment. To date, the Cobb County CTG project has completed robust county assessments of the local public health system, a community themes and strengths survey of 1,200 residents, focus sessions with disparate community groups, asset mapping activities, and a kick-off event to introduce Cobb2020. Cobb2020 is the partnership of community organizations and individuals that has evolved from the CTG project and that remains dedicated to promoting healthy lifestyles and the delivery of essential health services in Cobb County. Cobb20 continues its work through implementation teams (I-teams) formed to ensure that resources are aligned to collect data, assess and improve clinical and preventive services, continue environmental and legislative policy review, surveying, and asset mapping - all in an effort to evaluate and improve access to care.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	O'Neill Communications
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003731-02
4. PPHF Funding Amount:	\$50,095.00
5. Subaward Purpose:	Provide development and implementation of strategic communications plan for CTG and MAPP coalition including news, media and social media. Build/Solidify Image and Brand including finalizing website; provide Media Relations, awareness and support. Create/distribute monthly communications.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kennesaw State University Research and Service Foundation (A.L. Burrus Institute of Public Service)
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58DP003731-02
4. PPHF Funding Amount:	\$26,940.00
5. Subaward Purpose:	Assist in formulating a survey instrument, design a research plan, and construct a sampling frame. Administer the survey to random Cobb County households, analyze data and compile/submit report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	
2. Subaward Date:	
3. Subaward Number:	
4. PPHF Funding Amount:	
5. Subaward Purpose:	

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	Community Anti-drug Coalitions of America
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58DP003738-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Community Anti-Drug Coalitions of America (CADCA)'s CTG Dissemination initiative, CATCH – Coalitions Amplifying and Transforming Community Health – immediately began increasing messages about tobacco-free living strategies across its communication infrastructure. CADCA is the principle voice for substance abuse prevention coalitions in Washington, DC and trains over 13,000 adult and youth leaders a year in a public health approach, focusing on effective strategies that lead to population-level change around alcohol, tobacco and other drugs.</p> <p>Since receiving the grant, CADCA hired a full time staff person dedicated to the implementation and management of the initiative, developed a logic model and strategic workplan, an evaluation plan, a communication & dissemination plan, launched a new webpage dedicated to promoting tobacco-related information, and identified four national partners (International Association of Chiefs of Police, National Sheriffs' Association, Lions Clubs International and National District Attorneys' Association) and a subset of CADCA coalitions to disseminate tobacco-free living strategies. CADCA is leveraging existing national partners for further dissemination of tobacco-free living strategies. CADCA consultant, the University of California, San Francisco Smoking Cessation Leadership Center (SCLC), provided subject matter expertise and technical assistance for dissemination strategies related to smoking cessation as CADCA developed new tobacco training, delivered during 4 webinars and 3-hour workshops at the CADCA Mid-Year Training Institute. A weekly Tobacco Update newsletter is sent to a growing listserv of over 370 coalitions and CADCA has realized an increase of 75% in tobacco-specific communications, including social media Tweets and Facebook posts, and articles in CADCA's Coalitions Online newsletter.</p> <p>A primary focus of our dissemination is community coalitions, many of whom represent rural and frontier areas located in states with the highest tobacco use. Also, our member coalitions help us realize a greater impact in addressing a major health disparity – tobacco use among individuals with substance use and mental health disorders. CADCA conducted eleven on-camera interviews with coalitions to highlight local success coalitions are having implementing tobacco prevention and control policies. All of the coalitions who participated lived in states with high tobacco use rates with an emphasis on coalitions working with tribes in rural and frontier communities. The launch of the final videos will be released at the beginning of the second grant year. CADCA also disseminated its first large tobacco mailing to over 1,000 coalitions and featured several inserts including CADCA's Strategizer 56: Creating Healthy, Tobacco-Free Environments, Consumer Guide from the Surgeon General's Report, and an FDA Overview of the Family Smoking Prevention and Tobacco Control Act consumer fact sheet.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Louisiana State Department of Health and Hospitals, Office of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58DP003742-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The Louisiana Department of Health and Hospitals' Office of Public Health (DHH/OPH) is working to enhance its infrastructure capacity to address the burden on chronic diseases and their associated risk factors to improve health equity, address health care gaps/barriers, and address health needs of the state. This effort is being supported by the maintenance of a Leadership Team, Chronic Disease Coalition, the development and maintenance of new and existing community and government partnerships, and coordination with the Coordinated Chronic Disease Prevention and Health Promotion grant. As a capacity building recipient, the Louisiana DHH has continued to provide training and continuing education opportunities to staff/contractors and the internal steering committee to continue to increase knowledge and support of the required strategic directions. Louisiana DHH is utilizing the results of the year 1 community health assessments to develop and select strategies for the implementation plan. Staff will work with internal and external partners to plan and coordinate mid-project community health assessments to uncover any changes that have occurred since the initial assessment was completed. Staff will research and modify policy scan tool used in year 1, if necessary, to complete another statewide policy scan to identify gaps and/or barriers to existing or needed policies. In conjunction with the Coordinated Chronic Disease Prevention and Health Promotion grant, the Chronic Disease Coalition will continue collaboration among multi-sectoral agencies and communities to ensure the unique health needs of Louisiana are addressed on a continuous basis. Louisiana DHH will continue to work with the Louisiana Public Health Institute (LPHI) to develop messaging and products to increase awareness and promote the purpose and activities of the CTG program.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	American Public Health Association
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58DP003757-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The American Public Health Association (APHA) is one of three national grantees for the National Dissemination and Support Initiative of the Community Transformation Grants (CTG) program. APHA's goal is to disseminate CTG strategies to national and local decision-makers from professions, organizations, and sectors that extend beyond public health and include people and organizations that may not have health as their primary mission, but whose decisions have a profound impact on population health, (e.g. education, city/county planning, transportation, civic and faith organizations, city and county officials, health care providers, nonprofit organizations, etc.) so that health-promoting practices become common practice in the daily decisions of people and organizations like local planners, educators, and civic leaders that can so profoundly impact health. The APHA CTG Program's primary focus is on strategies that promote healthy eating and active living, with additional activities focused on tobacco control when appropriate. APHA's CTG program disseminates information about evidence behind CTG strategies and success stories via a wide variety of mediums to APHA affiliates and members and through partner organizations and their dissemination channels. During the reporting period September 30, 2012 through December 31, 2012, APHA was able to reach more than 20,000 public health professionals through e-mail communications with affiliates and members, Facebook,"Public Health Newswire" online newspaper, an article in "The Nation's Health" newspaper, and a special session at the 140th APHA Annual Meeting, entitled "Early Lessons Learned from Community Transformation Grant Communities".</p> <p>In addition to the above dissemination activities, a considerable amount of relationship building occurred during this period, in order to build the infrastructure for future dissemination activities within multiple sectors. Meetings were held with multiple stakeholders, including: Society for Public Health Educators (SOPHE), American Planning Association (APA), YMCA of the USA, National Association of County and City Health Officers (NACCHO), American Academy of Pediatrics (AAP), Prevention Institute, Public Health Institute, and Nemours, to explore potential partnerships for dissemination. During initial planning and relationship building meetings, it was decided that the first sectors that would be targeted would be Public Health, Planning (Built Environment), State and Local Elected Officials, and the Business Sector. APHA also led a strategic planning session with the YMCA's Healthy Communities Roundtable members to plan for better coordination of dissemination efforts of CTG strategies and success stories. Ultimately, APHA intends to increase awareness, positive attitudes, and intentions to utilize population-based chronic disease prevention strategies by members of each sector.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	National Dissemination and Support for Community Transformation Grants
4. Recipient Name:	YMCA of the USA
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,300,000.00
8. Award Number:	5U58DP003775-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Using a competitive process Y-USA has funded 10 sub-recipients. As part of the sub-recipient selection and funding process we have completed the following activities: Determining sub-recipient application criteria, designing and writing (in collaboration with CDC) our Request for Proposal (RFP), hosting an informational webinar for potential applications, releasing the RFP through our online application process, hosting a reviewer webinar for selected RFP reviewers, conducting a formal review process, analyzing the review data, and submitting our top applicants to CDC for review. Additional activities completed include the development of a logic and evaluation plan. Y-USA staff and sub-recipients attended the CDC led Action Institute to support the development of community leadership teams and implementation of jurisdiction wide change. Y-USA hosted various workshops and learning experiences for sub-recipients. Additional technical assistance strategies implemented by Y-USA to support sub-recipients included monthly affinity calls (peer support calls) and individualized technical assistance calls. In addition, Y-USA hosted various webinars and provided an extensive set of resource materials to support ongoing learning in CTG related content areas. All 10 sub-recipients formed a community leadership team of 10-15 community leaders and stakeholders. Sub-recipients in conjunction with their leadership team completed a total of 31 comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. The Y-USA team conducted 8 site visits to date. Reports were completed and submitted for each visit. All sites are in compliance with grant requirements and are receiving technical assistance from Y-USA to complete the strategies outlined in their work plan. In general, all sites are making major headway in their respective communities. Official referral systems have been implemented, which now allow pre-diabetes to be a diagnosis code and for that code to link to clinical interventions such as the evidence-based YMCA's Diabetes Prevention Program. In early childhood and afterschool centers inside and outside the Ys, children are now being served healthy foods and given physical activity in places where access to safe play is limited. Finally, the communities are convening around healthy places, to promote strategies such as safe routes to school, food distribution contracts and increased momentum around changing the environment to be healthier and safer based on local needs. In under a year the communities have accomplished significant successes yielding healthier communities.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	YMCA of Greater Cincinnati
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	<p>During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	YMCA of Greater Seattle
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	<p>During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	YMCA Of Delaware
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	<p>During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YCMA of Greater Fort Wayne
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

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1. Subaward Recipient Name:	YMCA Of Greater Indianapolis
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YMCA Of Greater Louisville
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YMCA of Marshalltown Iowa
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YMCA of Rye New York
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YMCA Of Southern Arizona
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00

5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	YMCA Of Lexington
2. Subaward Date:	8/8/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	During this reporting period sub-recipients engaged 10-15 community partners in a multi-sectoral leadership team to promote equitable jurisdiction wide change. Community leadership team members attended the CDC hosted Action Institute in Atlanta, GA. Sub-recipients in conjunction with their leadership team completed a comprehensive community assessment using Y-USA's Community Healthy Living Index tool and recently developed Clinic to Community assessment. Using data identified in the community health assessment process, sub recipients developed their Community Transformation Implementation Plan (CTIP). CTIPs were submitted, reviewed and approved by CDC project Manager. Jurisdiction wide changes are focus on the implementation of the YMCA's Healthy Eating and Physical Activity Standards equitably in early childhood and afterschool Y programs within underserved communities And to develop uniquely appropriate, culturally-competent approaches to engaging and supporting individuals and families in their pursuit of health and well-being via the expansion of YMCA's Diabetes Prevention Program and clinic to community linkages. All efforts not only promote health across all populations but commit to reducing health inequities within underserved communities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Altarum Institute
2. Subaward Date:	09/22/2012
3. Subaward Number:	5U58DP003775-02
4. PPHF Funding Amount:	\$53,724. 64
5. Subaward Purpose:	Altarum Institute provides direct support to YMCA of the USA's Community Transformation Grant (CTG) evaluation efforts. Altarum's efforts include evaluation planning, implementation, and dissemination of results. This includes the development of data collection tools and data collection.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Ventura County Public Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$481,036.00
8. Award Number:	5U58DP003793-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>The purpose of this program is to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and 2) supporting implementation of such interventions in five strategic areas ("Strategic Directions") aligning with "Healthy People 2020" focus areas and achieving demonstrated progress in the following five performance measures outlined in the Affordable Care Act: 1) changes in weight, 2) changes in proper nutrition, 3) changes in physical activity, 4) changes in tobacco use prevalence, and 5) changes in emotional well-being and overall mental health, as well as other program-specific measures.</p> <p>This award specifically addresses the 5 CDC recommended Strategic Directions: Healthy Eating, Active Living, Tobacco Free Living, Quality Clinical Preventive Services, Social and Emotional Well Being and Healthy and Safe Physical Environments.</p> <p>During this award period, Ventura County Public Health (VCPH) continued to build capacity on each of the program objectives. VCPH recruited a total of 16 leadership team members. We have created a Leadership Team Recruitment Plan. The Leadership Team meets on a monthly basis to familiarize themselves with data collected from the Community Health Needs Assessment (CHNA), Policy Scans and Environmental Scan. The Leadership Team also received training on cultural competency, data analysis and the built environment. VCPH also provided training to both coalitions (Advocates for a Lifestyle of Exercise and Nutrition of Ventura County- A LEAN-VC and the Ventura County Tobacco Education and Prevention Coalition). VCPH facilitated a strategic planning process for A LEAN VC to provide a structure and formalize the coalition. Four sessions were held during which coalition members had the opportunity to review, edit and determine strategic plan. The Tobacco Coalition has agreed to conduct a similar planning session in the next period. VCPH Evaluation staff has been working on the Community Health Needs Assessment (CHNA) for Ventura County. Epidemiologist for Ventura County Public Health has gathered population based data on approximately 77 risk indicators for the 5 CDC-required strategic directions. We are in the process of putting together the draft for the final report. In the course of the data collection, we have also convened a diverse group of 7 community partners to assist with policy scan and environmental scan. We have provided them with an initial training and ongoing technical support as they compiled the information for the policy and environmental scan. We are completing the analysis of the policy and environmental scan as well. Both evaluators have communicated with a variety of resources in the county, universities and other organizations and agencies to engage them in sharing data collected.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cabrillo Economic Development Corporation, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (CEDC: Healthy and Safe Physical Environments). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	CAUSE (Coastal Alliance United for a Sustainable Economy)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$5,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (CAUSE: Healthy and Safe Physical Environments). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool was provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City Impact, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (City Impact: Social and Emotional Wellness). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Food Share of Ventura County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00

5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (Food Share: Healthy Eating/Active Living). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	First 5 Ventura County
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (First Five: Healthy Eating/Active Living). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an assessment of partner and coalition (Tobacco and A LEAN VC Coalitions). communication outlets (listserv, website, blog, Twitter) with evaluation tool provided by VCPH. Analyze data and provide report. Develop one (1) strategic communications plan integrating message strategies and tactics including news media/earned media and social media to communicate with stakeholders and enlist support and commitment to CTG activities. Conduct a focus group comprised of 6-10 Community Partners and representatives from subgroups of populations experiencing health disparities to solicit feedback on communication tools adapted from the CDC. Feedback solicited will include audience appropriateness, literacy level and cultural sensitivity. Evaluation tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Landon Pediatric Foundation
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (Landon Pediatric Foundation: Healthy Eating/Active Living). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Pacific Camps
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (Pacific Camps: Healthy Eating/Active Living). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ventura Unified School District
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	Collaborate with other county-based partners to conduct a policy scan of each of the 10 jurisdictions in Ventura County. (VUSD: Clinical Preventative Services). Collect data for Policy Scan from credible sources such as city municipal codes, city website, health organizations, and CDC for each of the 10 jurisdictions. Using evaluation tools provided by VCPH "Rate" each of the 10 jurisdictions on their policy efforts for the indicators assigned by Ventura County Public Health. Conduct an Environmental Scan of 1-2 cities assigned by VCPH. Environmental Scan Tool will be provided by VCPH. Submit a brief final report of activities and supporting documentation of completion of activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Damooei Global Research
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP003793-02
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Provide, design, and development of data gathering tools, data entry and data analysis and preparation of policy recommendations

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Strategic & Tactical Planning, Workforce Development and other Related Transformation Initiative
4. Recipient Name:	Deloitte Consulting, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$849,635.00
8. Award Number:	11FED117652
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	Activities included various levels of support to stand up the Community Transformation Grants: Small Communities program. Recipients supported each aspect of the grant award process; including letters of intent and application tracking, staff training on the FOAs, review panel logistics support, modeling and statistics, and summary statements for the 500+ applications reviewed by the federal government.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Communication, Marketing and Technical Assistance Strategies, Services and Support for the Division of Community Health
4. Recipient Name:	FHI Development 360 LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,692,463.00
8. Award Number:	200-2007-20009-0023-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>FHI 360 works closely with CDC to develop and implement strategic communication efforts for DCH. These efforts include materials development, training and technical assistance, research and evaluation, and other activities key to collaborating effectively across branches and promoting community health within CDC and among other Federal agencies as well as supporting external communication outreach to DCH program awardees, national partners, community-based organizations, media, and other key stakeholders.</p> <p>As part of the support to DCH leadership FHI 360 identified opportunities to further educate multiple audiences about the importance of a community approach to chronic disease prevention. These opportunities included speaking events for Division leadership, responses to inquiries from media contacts, and media outreach. As part of the support for media relations and partnerships, FHI 360 staff regularly prepared talking points, presentations, and briefing documents for senior leadership and others.</p> <p>As part of the programmatic work for the Division, FHI 360 provided all communication technical assistance to Community Transformation Grants (CTG) awardees. FHI 360 is responsible for planning, providing, and evaluating the CTG program communication technical assistance through Webinars, annual meeting support, trainings, one-on-one consultations and through emails and calls. Assistance topics range from communication planning, to stakeholder outreach, to material audits, to evaluation.</p> <p>To establish DCH as a leading voice in community health, FHI 360 worked with CDC to develop and update a core set of materials including key points, materials development guidelines, PowerPoint templates, fact sheets, and Web pages. These materials help give a coordinated message, look, and feel among the multiple DCH programs. An update and redesign of the DCH and CTG program Web sites, social and new media planning and outreach both for the Division and for the CTG program awardees, ad analysis, video shooting and production, materials development, and continued TA support all took place during this reporting period.</p> <p>Research and evaluation activities that supported DCH and CTG communication efforts included: focus groups and online panels to test community health messages; content analysis of relevant media; and secondary analysis of consumer data; and an expert panel which brought together government, academic and private sector experts to discuss the effect of obesity prevention media. Additionally, the evaluation activities included preparation for an analysis of existing and newly created advertising materials (e.g., TV, radio, print materials) produced by CDC and/or its awardees and partners related to food, beverages, and physical activity. The ad analysis is meant to gather evidence about the perceived effectiveness of these materials.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alan Newman Research (ANR)
2. Subaward Date:	09/29/2012-09/28/2013
3. Subaward Number:	200-2007-209-023-00003
4. PPHF Funding Amount:	\$125,727.75
5. Subaward Purpose:	Alan Newman Research works with FHI 360 to coordinate and implement the testing of message concepts, draft materials, and/or existing materials. Testing was conducted to assure clarity of the message, and acceptability of materials to the target audience(s). All testing of concepts, messages, and materials were upon direction and approval of FHI 360 and follow CDC standards. ANR made all logistical arrangements related to conducting message testing, including recruitment, facility rental, incentive payments, and reporting. Upon the conclusion of focus group message testing, ANR began drafting a summary report that will present findings, conclusions and recommendations for the new calendar year.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Campbell-Ewald
2. Subaward Date:	11/01/12-09/27/13
3. Subaward Number:	200-2007-209-023-00003
4. PPHF Funding Amount:	\$536,285.00
5. Subaward Purpose:	In the reporting period, Campbell-Ewald collaborated with FHI 360 to produce video and audio stories for DCH awardees and partners to use to educate others about the importance of a multisectoral approach to community health. The video shoots featured interviews with community champions and beneficiary representatives, as well as organization representatives and/or local officials, as applicable, from select DCH awardee communities. CE also provided a photographer to capture associated photographs for future use and assisted with securing additional creative resources for CDC's Community Health Media Center.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Forum One Communications
2. Subaward Date:	10/19/12-09/28/13
3. Subaward Number:	200-2007-209-023-00003
4. PPHF Funding Amount:	\$668,241.00
5. Subaward Purpose:	Forum One Communications is FHI 360's Web and social media support subcontractor. Forum One developed a detailed Web site design plan including objectives, audiences, milestones, workplans, and wireframes for both the DCH Web site and an awardee collaborative space. Implementation of the Web site design plans continues following a phased approach. Forum One also conducted a social media assessment for DCH to determine how digital media could help DCH awardees and others better reach with their target audiences. Following that assessment, they developed recommendations for new tools and applications for awardees. A webinar on a social media was developed and presented to awardees and will continue to be available to others. Forum One also provided ongoing technical assistance to awardees on social media and web development as requested.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Porter Novelli
2. Subaward Date:	10/01/2012-12/31-2012
3. Subaward Number:	200-2007-209-023-00003

4. PPHF Funding Amount:	\$93,429.72
5. Subaward Purpose:	Porter Novelli provided FHI 360 and DCH with on-site, Atlanta-based, strategic communication counsel to DCH leadership and support units. They assisted FHI 360 in conceptualizing and developing PowerPoint presentations, talking points, speeches, briefing books, and other materials for the DCH and CDC leaders on the topic of community health, the initiatives developed at CDC as part of their prevention campaigns, and the DCH-led programs. During the reporting period, PN responded to media inquiries, developed interview-preparation materials and activities, and supported quality control efforts of all communication materials developed by the Division and the communication staff. PN managed DCH policy communication requests and issues management, strategic communication needs, presentation and speechwriting needs, material development, partner outreach support, and media relations outreach support on an as-needed basis until FHI 360 was able to identify and develop internal Atlanta-based on-site support staff.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Emery Group
2. Subaward Date:	9/29/12-09/28/13
3. Subaward Number:	200-2007-209-023-00003
4. PPHF Funding Amount:	\$42,000.00
5. Subaward Purpose:	Emery Group provided FHI 360 with the services and staff support necessary to gather evidence about the perceived effectiveness of existing or newly created advertising materials produced by CDC, awardees, or partners. The ad testing will be accomplished through on-line surveys, online panels, focus groups, key informant interviews, or other appropriate research to gather feedback and assess selected ads. In the reporting period, Emery Group has drafted and completed screeners and surveys for four waves of ad testing and prepared for data collection of the four waves. Once data collection is completed in the 2013 calendar year, Emery Group will provide FHI 360 with summaries and reports of their analysis for each wave of ad testing.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

Recipients awarded a contract with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Community Health Management Support
4. Recipient Name:	SciMetrika, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,008,759.52
8. Award Number:	200-2009-28540-0012
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide contractor support for the programs and staff within the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP's) Division of Community Health (DCH). Two levels of support are provided: consultative and analysis services performed by public health professionals with subject matter expertise and more general operational support.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

Recipients awarded a contract with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Technical Assistance and Training
4. Recipient Name:	ICF Macro, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,174,174.00
8. Award Number:	200-2011-F-42017-00002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This Technical Assistance and Training contract provides support for the Division of Community Health's efforts to improve health by assisting awardee implementation of priority interventions in: 1) tobacco-free living, 2) healthy eating and active living, 3) clinical/community preventive services, 4) social and emotional well-being, and 5) safe physical environments. During this reporting period (July 1, 2012 – December 31, 2012), contract activities have supported awardees' work through a variety of activities, including:</p> <ol style="list-style-type: none"> 1. Training events: ICF provided support for the program/curriculum development for awardee (in-person) training events, as well as the logistics for implementing these activities. During this reporting period, we have provided this support for the following events: 1) CTG National Networks Action Institute, 2) PRISM Expert Panel, 3) Rural Strategies Expert Panel, and 4) DCH Annual Training Stakeholder Forum. 2. Peer-to-peer activities: ICF was responsible for developing and implementing regularly-scheduled topical calls to bring awardees together to exchange information and experiences in implementing these community-based efforts. 3. Direct technical assistance (TA): ICF was responsible for maintaining a network of TA providers and managing their work with awardees. We previously assembled a 10-organization network of provider organizations, who worked directly with awardees on approved assignments. TA was provided by telephone, site visit, or web. ICF manages the assignments as well as the payment for these subcontracted services. 4. Web-based learning: ICF provided webinars monthly (July-September) or twice monthly (October-December) during this period. Topics have included specific subject matter content, as well as program guidance, and training in foundational skills/competencies. ICF was responsible for the development and implementation of those offerings, which most typically included CDC staff and/or nationally-recognized experts. 5. Product, tool and resource development: ICF produced several new resources during this period, focusing on clinical/community preventive services and program guidance. These have been supplemented by our ongoing environmental scans of existing resources, particularly those reflecting practice-based experiences. 6. Electronic communication system: During this reporting period, we completed work on the second phase of the web portal for DCH awardees (www.communitiestransforming.org), which included expanding access and enhancing technical assistance resources for users. ICF also continued to maintain and operate this site throughout this period. 7. Quality improvement: ICF engaged in activities to improve training and technical assistance efforts during this period. These have included assessment of staff and awardee training needs, identification of Division-wide core competencies and an associated plan for training, and evaluation of training effectiveness.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Food Trust
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$124,255
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding access to healthy foods, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	National Complete Streets Coalition (Smart Growth America)
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$120,055
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding the built environment, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	PolicyLink
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$70,455
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding foundational community health competencies, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Safe Routes to School National Partnership c/o Bikes Belong Foundation
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$124,255
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding the built environment and active transportation to school, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	DESA, Inc.
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$125,715
5. Subaward Purpose:	Provide meeting management services (meeting planning and logistics) in relation to the DCH Annual Training Meeting and Large Scale Training Events.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Nonsmokers' Rights Foundation
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$143,705
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding smoke-free living, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Richard Mark Fenton
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$181,255
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding the built environment and active transportation, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ChangeLab Solutions
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$216,905
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding foundational community health competencies, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Prevention Institute
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$154,205
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding foundational community health competencies, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Law Center at William Mitchell College of Law (Tobacco Control Legal Consortium)
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$148,205
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding smoke-free living, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Initiatives
2. Subaward Date:	9/29/2012
3. Subaward Number:	200-2011-F-42017-00002
4. PPHF Funding Amount:	\$161,900
5. Subaward Purpose:	Provide training and technical consultation and assistance services regarding foundational community health competencies, including serving as content experts at training events and/or webinar presentations, as well as direct assistance to awardees on the implementation of approved community workplans.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Evaluation Technical Assistance and Training Services and Performance Monitoring
4. Recipient Name:	ICF Macro, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,363,389.04
8. Award Number:	200-2011-F-42029-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This contract provides technical, programmatic and management expertise to support multiple program evaluation requirements of the Community Transformation Grant (CTG) initiative and other CDC Division of Community Health programs. The tasks and services include: (1) Provision of performance monitoring to track and monitor trends in progress and potential and actual reach of CTG strategies, (2) Provision of evaluation technical assistance and training services to funded communities to assure high quality evaluation of their programs, (3) Provision of a context scan to inventory existing policy, environmental, and infrastructure elements that facilitate and inhibit community-level changes, (4) Training representatives of DCH funded communities in the intent, content, and use of the performance monitoring and evaluation data to disseminate findings, (5) Training and support in the development of peer-reviewed manuscripts, (6) Development of a peer-reviewed, scientific journal supplement to assemble related manuscripts, and (7) Execution of small-scale training events to support DCH evaluation objectives. The summary below provides an overview of selected activities accomplished during the September through December 2012 award period for this contract.</p> <p>Performance Monitoring:</p> <ul style="list-style-type: none"> • Provided regular reports on the status of CTG awardee objectives in the Chronic Disease Management Information Service (CDMIS) • Developed quarterly report templates for funded communities and networks • Conducted briefings to CDC staff regarding the status of CTG awardee objectives in CDMIS • Conducted training for CDC staff in the use and interpretation of CDMIS data • Provided a guidance document and training on the collection of intervention reach data <p>Evaluation Technical Assistance and Training:</p> <ul style="list-style-type: none"> • Provided regular individualized guidance to CTG awardees on the development and implementation of their strategic local evaluations • Conducted 5 Webinars to provide performance monitoring and evaluation guidance to DCH awardees • Conducted 3 evaluation collaborative calls to support the development or rigorous evaluation plans and promote peer collaboration in CTG • Developed evaluation guidance and templates to support CTG awardee annual reporting requirements • Regularly collaborated with CDC Project Officers to provide coordinated technical assistance and training to CTG awardees <p>Context Scan</p> <ul style="list-style-type: none"> • Developed enhancements to methodology to track and monitor nutrition-related environmental conditions • Evaluated existing coding systems for compatibility with study goals <p>Peer-reviewed Manuscripts and Supplement</p> <ul style="list-style-type: none"> • Conducted 2 webinars on scientific writing • Collaborated with CDC to develop a journal supplement proposal and secured a journal for publishing • Developed guidance documents to support scientific writing and journal selection for DCH awardees

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	CTG Enhanced Evaluation Activities
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$8,214,946.00
8. Award Number:	200-2011-F-42078-00007
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>RTI received option year one funding in September 2012 for the National Community Transformation Grant (CTG) Program Evaluation to evaluate health behavior and change outcomes impacted by the program's initiatives. Evaluation activities include analysis of readily available existing data sources, analysis of primary data collected from targeted surveillance and special studies in selected communities, and cross-evaluation collaboration among CDC subject matter experts and other CTG evaluation contractors. Information gleaned from evaluation activities will be shared through a dissemination process that is described in a formal dissemination plan and includes manuscript development, in-person briefings, and technical reports.</p> <p>Option year one funding covers the core and optional tasks that carry over from year to year, communications and reporting processes, as well as two new special studies. The school environment study includes an accelerometry component and will evaluate the impact of school environment changes on eating and physical activity behaviors of children attending middle school. The Lesbian, Gay, Bisexual, and Transgender (LGBT) media study will evaluate the impact of a LGBT-targeted tobacco prevention media campaign on tobacco use among LGBT populations. The master workplan and schedule for option year one were developed and submitted to CDC in late October.</p> <p>Activities for core and option year one funding focused on work around selection of communities to include in the overall targeted surveillance and biometric components of the evaluation and the data collection approach for those communities. The listing of communities selected for option year one data collection was submitted to CDC in late October and the data collection approach was submitted in mid-December. The dissemination plan was updated to reflect new information learned since the prior base year iterations.</p> <p>The school environment study and LGBT media study designs, evaluation questions, and evaluation plans are currently under development. The LGBT media study plan has been developed and was submitted to CDC for review on November 30. As the team is in the early stages of conducting option year one work, most core tasks have had little activity and are in the preliminary stages of development.</p> <p>Due to issues regarding delay in OMB approval or Authority to Operate, no subcontracts have been established for the data collection efforts. We expect to have subcontracts in place for data collection that will start in quarter two of the period of performance. There are no subgrantees of this project work at this time</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities Grants Evaluation, Technical Assistance and Training
4. Recipient Name:	ICF Macro, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,258,974.00
8. Award Number:	200-2012-F-52068
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This contract provides technical, programmatic and management expertise to support performance monitoring requirements of the REACH Demonstration Program, CTG Small Communities Program, REACH Networks and other DCH awardees as needed. The tasks and services include: (1) Use of CDC's Chronic Disease Management Information System (CDMIS) data and other performance monitoring data, including reach data, to track, monitor, and report trends in progress towards program objectives and milestones and technical assistance needs, (2) Provision of technical assistance and training services to CDC Project Officers and awardees on use of CDC's existing CDMIS, (3) Updating, use, and reporting of DCH's existing guidance, training materials, and approach to enhance capture of initiative reach and code specific interventions implemented by awardees, and (4) Completion of at least one draft manuscript per year in collaboration with CDC based on CDMIS and other performance monitoring and reach data. The summary below provides an overview of selected activities accomplished during the September through December 2012 award period for this contract.</p> <p>Performance Monitoring:</p> <ul style="list-style-type: none"> • Developed coding structure for REACH Demo and REACH Networks • Developed quarterly performance monitoring report format using data from CDMIS • Developed analysis plan describing the data collection, management, and reporting approach for performance monitoring data • Monitored and reported on trends in all 48 CTG Small Communities and REACH awardees' Community Transformation Implementation Plans (CTIPs) • Compiled projected reach for 4 CTG performance measures based on data available in CDMIS • Conducted briefings to CDC regarding the status of CTG Small Communities and REACH awardees' performance data <p>Performance Monitoring Technical Assistance and Training</p> <ul style="list-style-type: none"> • Updated guidance on instructions for capturing initiative reach • Conducted 2 webinars on CTG reach measurement methodology for Project Officers • Provided a webinar, face-to-face training, and guidance document for Project Officers for review of CDMIS-ready community work plans • Collaborated with CDC staff and contractors to plan coordinated CDMIS technical assistance and training to POs and awardees

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Evaluation, Scientific, and Technical assistance in Support of Chronic Disease Efforts
4. Recipient Name:	Columbus Technologies and Services, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$484,657.41
8. Award Number:	200-2012-M-39725-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	These funds were used to provide Contractor support to the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Office of Non-communicable Disease Injury and Environmental Health a reliable and ready source of support in project management, coordination and technical expertise in carrying out applied science projects related to population health and wellbeing. Specific support of this mission was to provide public health related technical assistance to Community and Health Equity Branch in relation to community-based organizations, state and local governments and to various public, nonprofit, and private sectors. Contractor support included the collection, analysis, and presentation of information that impacts disparities in racial and ethnic populations - all through programmatic, technical, research, and administrative support.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Innovative Communications, Outreach and Evaluation Support
4. Recipient Name:	FHI Development 360 LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,301,557.00
8. Award Number:	200-2007-20009-0027
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>FHI 360 leads the development and implementation of the communications and marketing strategies for the National DPP. PPHF funded activities were project management, building the National DPP communications and marketing portfolio, support of National DPP grantees, facilitating healthcare provider referrals to the lifestyle change program, and mobilizing employers and insurers to offer the lifestyle change program.</p> <p>Project management PPHF funded activities during the reporting period included, developing a draft work plan that was submitted to CDC for review, FHI 360 also held an all day project planning meeting with our subcontractor, Porter Novelli, to ensure seamless and effective implementation of this National DPP contract. A final project plan, weekly call notes, and monthly technical reports were all submitted to CDC in support of consistent and constructive project management.</p> <p>In support of building the marketing and communications portfolio of the National DPP, FHI 360 conducted a materials audit and developed a materials plan and proposal. These will inform materials development on this project in the new calendar year. Grantee support consisted of the planning, development, and implementation of the 'marketing track' two-day training curriculum that was given at the Grantee Orientation Institute held in early December in Atlanta. FHI 360 also conducted interviews with each grantee, reviewed their existing materials, and drafted an executive summary of our findings of all six interviews. A welcome email and planning began for the monthly grantee technical assistance calls that will start in January of 2013. FHI 360 worked with Porter Novelli to begin to develop audience profiles of healthcare providers, employers, and insurers that will be used to inform and begin our outreach plan to these stakeholders as our work continues on the National DPP.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Porter Novelli Inc - Atlanta
2. Subaward Date:	09/01/2012
3. Subaward Number:	200-2007-20009-0027
4. PPHF Funding Amount:	\$641,434.75
5. Subaward Purpose:	<p>Porter Novelli (PN), as a subcontractor to FHI 360 provides communications and public relations services and support. During the reporting period, PN worked with FHI360 to set up project management processes, including weekly calls with the CDC team and weekly internal calls with the FHI360/PN team. A scope of work and budget were drafted, and the subcontract agreement process was completed within this reporting period. PN also participated in an all day project planning meeting with FHI 360 to ensure proper coordination between both teams on this National DPP contract.</p> <p>In terms of building the National DPP marketing portfolio, Porter Novelli supported FHI 360's overall materials audit and informed the materials proposal that was submitted to CDC. This audit, proposal and support from PN will inform future materials development on this project. PN contributed to grantee support by participating in kick-off calls, reviewing grantee background materials, and helping conduct and facilitate all six grantee interviews. They developed grantee interview summaries that were built in to FHI 360's executive summary and de-brief of the interviews for CDC. PN then worked with FHI 360 to develop, plan and finalize all materials and presentations for the 'marketing track' two-day training curriculum of the Grantee Orientation Institute. PN is also assigned with leading Health Care Provider, Employer and Insurer outreach tasks on this project. In the reporting period, PN conducted an environmental scan of health care provider outreach and diabetes program initiatives. They began planning healthcare provider, employer, and insurer outreach with FHI 360 through the development of audience profiles. These audience profiles will be used in the future to inform FHI 360 and Porter Novelli's outreach plan for these two tasks of the National DPP.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Diabetes Training and Technical Assistance Center (DTTAC)
4. Recipient Name:	Emory University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$380,184.00
8. Award Number:	200-2008-27816-00010
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Dates for PPFH award: September 15, 2012 –September 14, 2013. Current Reporting Period: September 15, 2012 – December 31, 2012 Activity 1: Provide Grantee Orientation</p> <p>Between September 2012 and the end of December 2012, the Diabetes Training and Technical Assistance Center (DTTAC) collaborated with the Division of Diabetes Translation, Diabetes Prevention branch to plan, coordinate, and provided a two-day orientation training to recipients of the National Diabetes Prevention Program Preventing Type 2 Diabetes Among People at High Risk FOA: CDC-DP12-1212PPHF 12. The training took place on December 6 and 7th at the CDC Global Communications Center at 1600 Clifton Road in Atlanta, GA. DTTAC managed the event including (1) developing and managing all communication with and registration for target audience; (2) soliciting and contracting with vendors (e.g. printing); (3) agenda and material management; and (4) onsite coordination/management. DTTAC also developed the evaluation tool, collected and analyzed evaluation data, and drafted the evaluation report. The final draft of the evaluation will be submitted in early 2013.</p> <p>ACTIVITY 2: Train Lifestyle Coaches for Grantee Organizations</p> <p>Additionally, under this contract, DTTAC met with its DDT project lead to discuss the coordination and planning for the training of the Lifestyle Coaches who will implement the lifestyle change program with the National Diabetes Prevention Program Preventing Type 2 Diabetes Among People at High Risk FOA: CDC-DP12-1212PPHF 12 grantee organizations. The Lifestyle Coach training events are being planned for Spring 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Early Child Care and Education Obesity Prevention Programs
3. Award Title:	Statewide Collaboratives to Improve Nutrition, Breastfeeding Support, Physical Activity, and Screen Time Practices for Obesity Prevention in Young Children
4. Recipient Name:	Alfred I. DuPont Hospital for Children
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,247,504.00
8. Award Number:	1U58DP004102-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.742
11. Summary of Activities:	<p>Nemours was awarded a cooperative agreement to implement evidence-based, practice-tested early care and education (ECE) learning collaboratives in six states - Arizona, Florida, Indiana, Kansas, Missouri and New Jersey, reaching approximately 840 centers and more than 84,000 children in the first year.</p> <p>Below is a summary of activities:</p> <p>Development of Strategy and Operational Plan A workplan and budget were revised and submitted to the CDC. The documents provide clarity and strategic thinking on the project structure and how the initiative will operate. A template structure for working within each state was also developed to provide broad parameters that allow for both consistency and also for states to customize for individual state needs and differences.</p> <p>Relationship Building Nemours engaged with CDC and national, state and local stakeholders to develop relationships to support the project's success. Meetings were held with CDC to address administrative tasks and engage in critical planning and coordination. Nemours also met with stakeholders from each of the implementation states to introduce the project and gather information about existing infrastructure. Finally, Nemours began to formalize relationships with two partners to support the project in the areas of evaluation expertise and quality improvement training and technical assistance.</p> <p>Preparation of Curriculum and Materials Nemours identified curriculum and support materials that will need to be adapted or purchased for the learning collaboratives. Project staff began to adapt the Delaware curriculum for use on the national scale by reframing for a general audience, ensuring alignment with LMCC and ensuring all relevant topic areas are covered.</p> <p>Internal Capacity Building Project staff worked with internal departments to draft and post job descriptions for the four project positions: Project Director, Program Manager (hired), State Technical Assistance Manager (hired), and Program Analyst. Descriptions were shared with stakeholders and were posted to recruitment websites for increased outreach.</p> <p>Project staff met with Nemours internal departments – i.e. Communications, Web, Finance, Legal, etc. – to coordinate essential processes. A sample of topics included budget management, invoicing and reporting, review of documents, and adaptations to the LMCC website.</p> <p>Communications Nemours built project awareness through a comprehensive communication strategy. Key information was distributed to stakeholders and made available for media outlets. E-mail communications were sent to all states and organizations that wrote letters of support for Nemours' application, and Nemours informed its national partners on other initiatives – i.e. Healthy Kids, Healthy Future and Let's Move! Child Care (LMCC) – to build awareness and provide opportunities for future discussions.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Early Child Care and Education Obesity Prevention Programs
3. Award Title:	Early Care and Education Provider Resource Website Maintenance and Development
4. Recipient Name:	The Nemours Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$104,665.00
8. Award Number:	200-2012-M-53287
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Nemours was awarded the Early Care and Education Provider Resource Maintenance and Development contract through the Centers for Disease Control and Prevention (CDC) to maintain and enhance the Let's Move! Child Care (LMCC) website, www.healthykidshealthyfuture.org. Nemours engages with CDC to ensure that the LMCC website remains high-quality, up-to-date and improves/adapts as needed to meet the needs of the growing and diverse population registered to participate in LMCC.</p> <p>Below is a summary, listed by contract task, of the activities undertaken during the contract reporting period.</p> <p>Task 1: Administrative Requirements</p> <ul style="list-style-type: none"> - Participated in a contract kick-off meeting with CDC, and provided a revised work plan and kickoff meeting notes within one week of the meeting - Participated in bi-weekly meetings with CDC, provided an agenda two days in advance of each meeting and meeting notes within one week of each meeting <p>Task 2: Reporting Requirements</p> <ul style="list-style-type: none"> - Submitted monthly progress reports for October through December 2012 - Completed PPHF semi-annual reporting requirements <p>Task 3: Regular Updates to the LMCC Website</p> <ul style="list-style-type: none"> - Added and updated provider resources and expanded resource dropdown categories to include "for families," "for tribal communities," "music," "screen time" and "Let's Move! Child Care Promotional Materials" - Created and launched a "Take Action" box on the homepage that details the steps for participation - Made edits throughout the website to align and clarify language - Refreshed the text, images and order of the homepage carousel - Added a Farm to Preschool webinar to the "Free Online Trainings" page <p>Task 4: What's New Feature</p> <ul style="list-style-type: none"> - Created and launched a "What's New" feature for the homepage - Made regular update to the "What's New" feature to highlight specific areas of the website <p>Task 5: Success Stories Feature</p> <ul style="list-style-type: none"> - Enhanced the Success Stories feature and refreshed the page - Created and launched a Success Stories archive and archive template - Made regular updates to the featured stories on the Success Stories page and archived older stories <p>Task 6: Interactive Map</p> <ul style="list-style-type: none"> - Created and launched an interactive provider map to display providers who have met all LMCC best practices - Made continuous updates to the programs displayed on the map via a live data feed - Made regular updates (i.e. display, code, copy) to enhance the feature <p>Tasks 7-11 – Directed and managed the activities as described in the subaward section.</p> <p>Task 12: Additional Website Improvements</p> <ul style="list-style-type: none"> - Provided monthly (October through December) Google Analytics reports to share information on the number of visitors to the LMCC website, number of downloads from the site, traffic to the site and user statistics

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Family Health International
2. Subaward Date:	10/01/2012
3. Subaward Number:	200-2012-M-53287
4. PPHF Funding Amount:	\$49,765.00
5. Subaward Purpose:	<p>Nemours subcontracted with Family Health International to provide support for the administration of the Qualtrics-based functions of the Let's Move! Child Care website. The subcontractor's work helped to ensure the ongoing functionality and improvement of the registration and quiz components of the website as an integral part of the LMCC website user experience.</p> <p>Below is a summary, listed by contract task, of the activities undertaken during the contract reporting period.</p> <p>Task 7: Host and Further Develop the Online Participant and Registration Form</p> <ul style="list-style-type: none"> - No updates requested to date <p>Task 8: Host and Further Develop the LMCC Quizzes</p> <ul style="list-style-type: none"> - Made ongoing improvements to the LMCC quiz, including added a "tummy time" question, posted PDF of the quiz questions - Translated updated basic quiz into Spanish - Posted updated registration and recognition certificates for the 2012-2013 year - Began programming five advanced quizzes <p>Task 9: Provide Technical Support to Users of the Registration Form and Quizzes</p> <ul style="list-style-type: none"> - Established a system for responding to technical questions - Provided ongoing technical assistance and responded to technical question within two business days <p>Task 10: Manage, Track and Share Participant Information</p> <ul style="list-style-type: none"> - Maintained LMCC registration data - Prepared weekly data reports that were shared with CDC - Made recommendation for how to address duplicate registrations, and reduced existing duplicates by 50% - Responded to ad hoc data requests including information on geographic concentrations of registered providers, data on the usage of the Spanish registration and quiz forms <p>Task 11: Support LMCC Communication Efforts</p> <ul style="list-style-type: none"> - Provided contact lists of users meeting greater than 75% of best practices and 100% of best practices

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$247,593.00
8. Award Number:	1U50CK000311-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The Colorado Department of Public Health and Environment's (CDPHE) EIP-PPHF funding has been used to support the continued enhancement of the epidemiology and laboratory capacity of its existing Emerging Infections Program (EIP). The CDC-funded Colorado EIP network of 10 sites conducts: 1) active surveillance; 2) applied public health epidemiologic and laboratory studies; 3) implementation and evaluation of pilot prevention/intervention projects; and 4) flexible response to public health emergencies. EIP-PPHF funding has contributed to important enhancements in the Colorado site's ability to conduct and sustain high quality work by supporting epidemiology, laboratory and IT staff. Additionally, the PPHF funds have supported several activities critical to the implementation of EIP projects including: travel to required CDC meetings, educational conferences for local public health partners, and professional development for key EIP staff members.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$307,653.00
8. Award Number:	1U50CK000312-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The CT Department of Public Health received funding to support a Health Program Associate (HPA), a Secretary 2, and an Epidemiologist 2. The HPA is a key member of the CT Emerging Infections Program (EIP) leadership team and provides overall coordination and management of several cooperative agreements, including this one. Specific responsibilities include initiating, executing and coordinating all fiscal and programmatic aspects of the contract from DPH to Yale; working with CDC, Yale EIP, and DPH staff to prepare grant applications; and financial monitoring to ensure that all EIP activities are in compliance with DPH grants and contract requirements. Secretary 2 provides administrative and disease surveillance support to program staff including receiving and sorting mail, data entry and filing, and preparing and managing Travel Authorizations and EIP-related reimbursement for staff. The Epidemiologist 2 assists with maintaining a statewide surveillance system for foodborne/enteric diseases; assists with identifying, tracking, investigating, and reporting of foodborne/enteric disease clusters and outbreaks; coordinates case follow-up of high priority diseases including Hepatitis A, Typhoid Fever, and Vibrio infections; and provides added epidemiologic capacity for other EIP projects as needed.</p> <p>During 09/30/2012 – 12/31/2012, the following enteric disease cases were reported to the EIP's Foodborne Diseases Active Surveillance Network (FoodNet): 151 Campylobacter, 83 Salmonella, 16 Shiga toxin-producing Escherichia coli, 16 Shigella, 8 Cryptosporidium, 7 Listeria, 4 Yersinia, and 3 Vibrio. A total of 24 Hepatitis A IgM-positive laboratory reports were received and followed-up on; of those, six (25%) were classified as acute confirmed cases of Hepatitis A and further investigated through case interviews to determine clinical spectrum and risk factors for illness. Seven foodborne disease outbreaks were investigated; of those, six were either confirmed or suspected as being caused by norovirus and one was caused by E. coli O157. Settings where these outbreaks occurred included restaurants (72%), a school/university (14%), and private homes (14%). The E. coli O157 outbreak was multistate and linked to consumption of bagged spinach/mixed greens. This investigation resulted in a recall of spinach/mixed greens. In addition to foodborne outbreaks, 10 person-to-person gastrointestinal outbreaks were reported from long-term care facilities. All foodborne and person-to-person gastrointestinal outbreaks are reported to the CDC's National Outbreak Reporting System (NORS).</p> <p>In addition to the above activities, the Epidemiologist 2 provided additional support for other EIP projects including Active Bacterial Core Surveillance (ABCs) and Hospital Acquired Infections (HAI). This added epidemiologic support included assisting with medical chart reviews for ABCs and preparation of presentations and publication of research findings for HAI.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Oregon State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$254,048.00
8. Award Number:	1U50CK000313-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	This award supported activities directed at Healthcare-Associated Infections (HAIs) within the Oregon Health Authority's Emerging Infections Program. No subawards have been made. Funds have been used to support HAI Program Manager Zintars Beldavs, HAI epidemiologist, Margaret Cunningham, and HAI administrative assistant, Diane Roy. Activities currently fully implemented include surveillance for candidemia in the Portland Tri-County area, carbapenem-resistant Enterobacteriaceae (CRE) Statewide, and Clostridium difficile surveillance in Deschutes and Klamath counties. Our staff are also currently preparing for a Statewide HAI prevalence study, assessment of the appropriate use of antimicrobials in up to 15 hospitals, and studies to improve surveillance HAI definitions. These staff also oversee statewide reporting of HAIs through the National Healthcare Safety Network (NHSN), antimicrobial stewardship, validation of NHSN data, and prevention of bloodstream infections in dialysis facilities.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$258,220.00
8. Award Number:	1U50CK000314-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The purpose of this Prevention and Public Health Fund Emerging Infections Program (EIP) cooperative agreement is to support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Its intent is to support EIP infrastructure through personnel support, educational and training activities, and information technology. The purpose of the overall EIP program is to assist in local, state, and national efforts to prevent, control, and assess the public health impact of emerging infectious diseases. This award supports two Georgia Department of Public Health staff. Ms. Lauren Lorentzson has responsibilities in Active Bacterial Core surveillance (ABC) and healthcare-associated infections (HAI) epidemiology. She is an active member of the Georgia HAI Advisory Committee, and assisted with planning and attended 1 meeting since September 30, 2012. She assisted in updating the Georgia HAI Action Plan and contributed to the proposal to make selected HAIs reportable in Georgia (approved as of January 1, 2013). She collaborated with other HAI EIP team members and CDC in developing a Central Line Associated Blood Stream Infection (CLABSI) validation tool. Ms. Lorentzson's ABCs responsibilities have consisted of updating our electronic disease reporting system (SendSS) to include ABC case report form updates to ensure complete data collection, and working with other ABCs staff, hospitals, and health districts on Group B Streptococci and H. influenzae case follow-up and data collection. She attends Georgia EIP meetings that serve as updates of all EIP activities, including ABC and HAI, and has attended relevant CDC HAI and ABC conference calls. Ms. Lorentzson attended the annual Georgia Infection Prevention Network meeting during October, 2012, which serves as an outlet to engage colleagues in EIP disease reporting and HAI activities.</p> <p>Ms. Victoria Catoe, our EIP/ELC Program Coordinator, is 50% funded through this award. She is the liaison to the budget and accounting departments. Ms. Catoe has reviewed EIP budgets monthly, participated in DPH Grants Management training, assisted in the submission of the EIP cooperative agreement application during September 2012, assisted with processes related to our contract with the Atlanta Research and Education Foundation, and worked with principal investigator on general program planning activities.</p> <p>This cooperative agreement also awards a contract with the Atlanta Research and Education Foundation to fund EIP HAI personnel, an Emory Infectious Disease Fellow's EIP-related surveillance and research activities, and various EIP staff and partner training and educational activities. However this contract will not be executed until January 2013, so there are no activities to report during this reporting period.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Tennessee State Office of the Governor
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$292,000.00
8. Award Number:	1U50CK000315-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>State of Tennessee Department of Health Prevention and Public Health Funds Epidemiology and Laboratory Capacity (ELC) Emerging Infections Program (EIP) Project Report September 30, 2012 through December 31, 2012</p> <p>The Tennessee Department of Health (TDH) was awarded funding to support the state's Emerging Infections Program (EIP) infrastructure.</p> <p>Funds were awarded to support a Senior Epidemiologist for the program. This epidemiologist is working with the TDH Laboratory, commercial and hospital laboratories to expand Electronic Laboratory Reporting (ELR) to all facilities submitting data to EIP. These activities are building on the Centers for Medicare and Medicaid Meaningful Use Electronic Health Records incentive program to electronically receive data. This epidemiologist coordinates training of EIP staff in use of new programs and databases, epidemiologic methods, and new technology utilized by EIP projects. He ensures that information systems used within EIP are interoperable across EIP activities and with CDC, are PHIN compliant, and are effectively integrated with other larger changes occurring in the national healthcare information-management environment.</p> <p>This funding supports a senior Program Director. This person is based at the TDH, with overall management responsibilities for all programs involved in EIP activities. She works closely with administrative and program staff at the Vanderbilt EIP site, with oversight of grant management, fiscal reporting, and personnel and administrative coordination among all EIP programs and studies.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Vanderbilt University Medical Center
2. Subaward Date:	09/05/2012
3. Subaward Number:	1U50CK000315-01
4. PPHF Funding Amount:	\$77,118.00
5. Subaward Purpose:	<p>This award supports a contract with Vanderbilt University, which is a key partner in the state's Emerging Infections Program. This contract provides partial support for two Principal Investigators and an administrative assistant. These staff support activities in the Active Bacterial Core surveillance, influenza, healthcare-associated infections (HAIs), encephalitis, and Human Papilloma Virus (HPV) components of the EIP program. They ensure that all Vanderbilt University EIP activities meet cooperative agreement administrative requirements, application and report deadlines, fiscal management standards, and staff supervision requirements. They have maintained a high level of enthusiastic, active participation in EIP projects, including taking a leadership role in protocol development, analyses and publications. All Cooperative Agreement applications and reports are submitted by the required deadlines to CDC, and 100% of grant and contract requirements are met. EIP staff from both the TDH and Vanderbilt sites meet at least monthly in-person to review project progress and ensure optimum utilization of combined resources. EIP administrative personnel ensure that each program and study is appropriately supported. The Tennessee EIP is always represented on national EIP calls, committees and meetings, as well as at numerous state and national professional meetings.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$255,843.00
8. Award Number:	1U50CK000316-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Emerging Infections Program (EIP) is a network of the Centers for Disease Control and Prevention (CDC), ten state health departments and their collaborators in local health departments, public health and clinical laboratories, healthcare facilities, academic institutions, and other federal agencies. This network conducts enhanced public health surveillance and applied public health research for the purpose of preventing and controlling emerging infectious diseases. The Maryland Department of Health and Mental Hygiene (DHMH) has been an active member of the EIP network since 1997. The purpose of this cooperative agreement is to enhance the epidemiologic and laboratory capacity of the ten state health departments comprising the EIP network. Through this cooperative agreement, the MD EIP was awarded funding to: (1) integrate clinical information received through the DHMH Electronic Laboratory Reports (ELR) system into existing EIP data systems; (2) provide continued support to the Johns Hopkins University, Bloomberg School of Public Health (JHSPH), for the development of tablet-based systems for the collection of surveillance data in the field; (3) provide continued support to the University of Maryland College Park, School of Public Health, for scientific leadership in the areas of foodborne diseases, geospatial analysis, and climate change; (4) provide training opportunities for EIP epidemiologists in the areas of database management, the use of statistical analysis software, web site design and use of social media, and geospatial analysis; and (5) host two seminars to provide EIP surveillance and study findings to infection preventionists, clinical laboratorians, and local health department staff. During the period September 30 (beginning of the budget period) and December 31, the following progress has been made: (1a) an epidemiologist was hired; (1b) the epidemiologist has begun familiarizing herself with the state health department's ELR, surveillance registry (NEDSS) and EIP databases for foodborne diseases; (2a) a funding agreement was executed between DHMH and the JHSPH; (2b) EIP influenza epidemiologists met with JHSPH staff to discuss development of a tablet-based system for the collection of influenza surveillance data; (4) EIP epidemiologists registered for an on-line statistical analysis course that will begin in mid-January; and (5) preliminary discussions were held regarding topics to be addressed, possible speakers, and dates for a MD EIP Scientific Seminar.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Johns Hopkins University, Bloomberg School of Public Health
2. Subaward Date:	November 15, 2012
3. Subaward Number:	1U50CK000316-01
4. PPHF Funding Amount:	\$44,664.00
5. Subaward Purpose:	<p>During this reporting period, the sub-recipient completed development of the tablet-based system to collect case report form data for the Active Bacterial Core surveillance (ABCs) system. Beta-testing of the tablet-based system was conducted by several surveillance officers and modifications made to the system as needed. Beginning in January, the ABCs surveillance officers will use this tablet-based system as their principal means of data collection. The development team also met with DHMH EIP epidemiologists to discuss creating a similar system for the collection of influenza surveillance data.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	New Mexico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$265,000.00
8. Award Number:	1U50CK000317-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	This funding to the New Mexico Department of Health (NMDOH) was awarded September 30, 2012 and provides \$265,000 for infrastructure support for the New Mexico Emerging Infections Program (NM EIP) through September 29, 2013. NM EIP is a partnership between NMDOH and the University of New Mexico (UNM). The infrastructure support was used to enhance scientific leadership and development of NM EIP as a whole, and to develop programs and individual personnel within programs in particular. During the time frame September 30, 2012 through December 31, 2012 funding was used to support an advanced epidemiologist at the New Mexico Department of Health (NMDOH) whose specific activities included: a) providing methodologic and analytic consultation across NM EIP programs; b) providing technical assistance (e.g., scientific writing, database support, scientific literature review, web-site development); and c) conducting NM EIP program review, coordination, and integration. During this reporting period NMDOH and UNM also developed program-specific plans for activities that will be conducted for population-based evaluations of infectious diseases of public health significance as determined by the Centers for Disease Control and Prevention (CDC). Those program-specific plans will be implemented with the execution of an approved contract between NMDOH and UNM during the next quarter.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$366,200.00
8. Award Number:	1U50CK000318-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>MDH was awarded funds for Dr. Lexau's replacement. There have been administrative delays in hiring for her position, but we expect it will be filled in the next few weeks. Because of the delay, Dr. Richard Danila has been directly overseeing the ADIC Emerging Infections Unit staff in carrying out the following EIP projects: Active Bacterial Core Surveillance (ABCs) including routine ABCs and special studies/projects, EIP influenza surveillance, and the Unexplained Deaths/Critical Illnesses Project (UNEX).</p> <p>MDH also was awarded funds to obtain and finalize MEDSS business requirements for ABCs pathogens and UNEX, and to work with IT staff in implementing them. Additionally, funds were allotted to test the MEDSS application for FoodNet, ABCs pathogens, Lyme disease, and UNEX. Lisa Dunning (supported by the grant) has served as a liaison between EIP program staff and MEDSS IT staff. She tested an updated MEDSS version for ABCs, FoodNet, and Lyme disease including testing of workflows and roster imports. This change to a new MEDSS version was a significant project. She has made good progress in integrating ABCs diseases into MEDSS. Working with program and IT staff, Ms. Dunning created question packages for ABCs diseases (and FoodNet diseases) for a provider portal through which electronic reporting will occur. She also updated automated disease reporting question packages for ABCs diseases. MDH MEDSS IT and epidemiology staff met with infection preventionists, laboratorians and information technology staff at HealthPartners/Regions Hospital to discuss improvements to our current automated disease reporting (ADR) including data elements specific to ABCs reporting. MDH and HealthPartners/Regions agreed there were data elements that could be incorporated into the current ADR message. Currently HealthPartners/Regions is reviewing these data elements to determine which elements can be included and funds needed (e.g., contact vendor costs).</p> <p>Supported by EIP PPACA funding, Angela Jacobsen has continued to act as a business analyst by advising PHL and IT in creating, evaluating, and implementing new tests in the developing LIMS, advising on messaging laboratory test results from the new PHL LIMS into MEDSS, and training laboratory and epidemiology staff to use the new LIMS system.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$310,213.00
8. Award Number:	1U50CK000319-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Description of Award: The New York State Department of Health Emerging Infections Program (NYSEIP) represents a unique, integrated collaboration among the Department's Division of Epidemiology, Wadsworth Center Laboratories (WC), Office of Science, Environmental Health and Bureau of Healthcom Systems Network and partner agencies including the University of Rochester's Center for community Health and the New York City Department of Health and mental Hygiene. This group of collaborators supports the program in efforts to conduct active population-based surveillance, applied public health epidemiologic and laboratory projects, and the implementation and evaluation of prevention/intervention.</p> <p>Summary of Activities:</p> <ul style="list-style-type: none"> • Epidemiology and laboratory infrastructure was strengthened by maintaining existing staff, conducting training and providing educational materials and enhancing information technology and exchange efforts. • NYSEIP Pertussis Coordinator maintained a partnership with Bureau of Immunization and had oversight of all pertussis related activities. • A Western Region Surveillance Officer was maintained and continues to be a vital participant in both pertussis related activities and the non-0157 E. coli case control study as well as assisting with core EIP surveillance functions. • An MPH student was hired to interview cases and controls for the non-0157 E. coli case control study. • NYSEIP Roadshow was held over three days at three different sites for clinical and public health laboratory staff, IPs, and Local and State Health Department Staff. • NYSEIP staff participated in SAS training courses, attended the NE Epi Conference, and GIS was purchased to support multiple EIP geocoding activities. • Testing supplies were purchased for specimen testing/submission. • The University of Rochester expanded capacity and expertise through the addition of key staff in infectious diseases and infection control and continued support of statistical expertise for MRSA, C.diff, and influenza surveillance and studies. Presented infection control programs and developed an EIP/HAI website.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Rochester-Center for Community Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U50CK000319-01
4. PPHF Funding Amount:	\$75,884.00
5. Subaward Purpose:	Ensure a rapid and flexible response to emerging public health issues while maintaining ongoing epidemiologic and laboratory surveillance and other special studies. The University of Rochester expanded capacity and expertise through the addition of key staff in infectious diseases and infection control and continued support of statistical expertise for MRSA, C.diff, and influenza surveillance and studies. Presented infection control programs and developed an EIP/HAI website.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Emerging Infections Program
4. Recipient Name:	Public Health Foundation Enterprises, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$253,230.00
8. Award Number:	1U50CK000320-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	During the July 1, 2012 to December 31, 2012 reporting period, select CEIP administrative staff time (including the Health Program Manager, Organizational Development Specialist, and Systems Analyst) was shifted from the base grant to this PPHF award, resulting in salary and benefits savings on the base grant that aided in surveillance staff retention. During this time, the Health Program Manager continued to oversee all program activities including surveillance, study protocol implementation, human subjects applications, and HIPAA compliance. The Organizational Development Specialist (ODS) provided assistance in issues of legal compliance, new hire orientation, and recruitment. With the aid of the Health Program Manager, the ODS successfully completed recruiting four new Research Assistants. The Systems Analyst continued to audit and maintain network and firewall equipment, resolve computer hardware and software problems, and perform regular data backups and audits to maintain the integrity of CEIP data. Additionally, fixed costs such as rent were shared between the CEIP base grant and this PPHF award, allowing the program to retain office space required to house employees and equipment.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Los Angeles Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$881,947.00
8. Award Number:	3U50CI000864-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>ELC supports 5 Los Angeles County Dept of Public Health (LACDPH) projects that advance our ability to protect the health of our residents.</p> <p>Our National Electronic Disease Surveillance System (NEDSS) is integral to surveillance of our large varied healthcare system and is one of the most comprehensive and advanced in the nation. NEDSS is a highly reliable, scalable and sustainable health-specific IT system. It includes: traditional disease surveillance, web-based reporting (cases, alleged foodborne illnesses), outbreak tracking, electronic lab reporting, and syndromic surveillance. Funds partially support 2 information systems specialists to manage this standards-based interoperable system in 100 hospitals and other provider locations.</p> <p>LACDPH investigates 3,000 reportable enteric illness cases and cluster reports and 2,000 foodborne illness reports annually.</p> <p>ELC supports LACDPH's special project demonstrating the 13-valent pneumococcal conjugate vaccine's effectiveness in reducing illness and death from pneumonia, meningitis, and blood infections. This complex multifaceted project continues to achieve all CDC milestones and additional objectives including increasing Spanish speaking controls and decreasing the time to obtain medical histories and data within the community.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Midcom Corporation
2. Subaward Date:	07/31/2012
3. Subaward Number:	3U50CI000864-02S2
4. PPHF Funding Amount:	\$243,926.00
5. Subaward Purpose:	Midcom Corporation was selected by bid to provide temporary personnel service for the Los Angeles County Department of Public Health. Due to the limited project period, temporary personnel services are needed to meet the award requirements. Epidemiology staff and Research Analyst are hired to enhance the department's ability to strengthen and integrate capacity for detecting and responding to infectious diseases and other public health threats. Orientation and training are ongoing in epidemiology, laboratory health information system and pneumococcal conjugate vaccine effectiveness project. These new staffs enable the department to develop a stronger communicable disease surveillance network and improve outbreak response, as well as build capacity to receive and send electronic data using associated standards for electronic health records.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Puerto Rico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$70,307.00
8. Award Number:	3U50CI000865-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Program Title: Puerto Rico Healthcare Associated Infections (HAI) Prevention Initiatives. HAI prevention initiatives began with 2010-11 ARRA funding. Current funding provides support for a HAI staff of one epidemiologist (1.0FTE) and one family physician/epidemiologist (0.5FTE). The program does not have subcontracts.</p> <p>Work has continued with ELC funding, directing the efforts towards the development of a HAI electronic surveillance system, and development of hospital staff capabilities to effectively manage electronic information systems. The latter initiatives are managed in partnership with the Puerto Rico Office of Public Health Preparedness and Emergency Response and in coordination with the Puerto Rico Hospital Association and the Association of Hospital Epidemiologists. During the last six months, the staff has met four times with representatives from these organizations to delineate a continue education program for hospital staff, that includes both, prevention and reporting of HAI. Additionally, the HAI staff participated in a discussion group session on HAI prevention and reporting conducted during the Annual Meeting of the Puerto Rico Hospital Association (October 17-20, 2012) in San Juan. The staff has continued to meet with administrators and nurse epidemiologists from selected hospital to increase hospital compliance with HAI reporting to the Puerto Rico Department of Health and strengthen HAI prevention actions.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$866,828.00
8. Award Number:	3U50CI000866-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Utah Department of Health (UDOH) has received PPHF funds to support ELC activities in the following areas: A) Epidemiology Capacity, B) Laboratory Capacity, C) Health Information Systems, D.1.A) Healthcare Associated Infections (HAIs), D.1.C) Multi-drug Resistant Organisms (MDROs), and D.2.B) Vaccine Effectiveness. Activities conducted from 8/1/12 – 12/31/12 as follows:</p> <p>A) PPHF funds primarily supported vital positions, including an Epidemiology Program Manager, a cross-cutting Epidemiologist, and a Data Specialist. Funds also supported contracts with Utah's twelve Local Health Departments (LHDs) for participation in HAI outbreak investigation activities.</p> <p>B) Utah's public health laboratory, the Unified State Laboratories: Public Health (USLPH) hired an ELC Laboratorian in October 2012; this person has been trained in bacteriology and Pulsed-Field Gel Electrophoresis (PFGE) and is currently learning virology. USLPH hired a Laboratory Connector in December 2012 to assist with USLPH's statewide courier system; this person began preparations to launch a Quality Improvement Project by meeting with analysts and learning about the laboratory's customers. C) PPHF funds support an Electronic Laboratory Reporting (ELR) coordinator and Quality Assurance Epidemiologist. UDOH is finalizing beta testing for its ELR system, and actively on-boarding Association and Regional University of Pathologists (ARUP) Laboratories. UDOH is completing best practices guidance for labs in the on-boarding queue.</p> <p>D.1.A) PPHF funds support a HAI Program Coordinator and Epidemiologist. The Coordinator facilitates the state HAI Advisory Group and implementation of state HAI legislation; coordinates annual reports; serves as liaison with CDC's HAI Public Health Advisor; assists with HAI trainings; and participates in Utah's HAI Workgroup and the Assoc. for Professionals in Infection Prevention and Epidemiology, Utah Chapter. The HAI Epidemiologist is a liaison between healthcare facilities and LHDs in responding to outbreak/MDRO investigations; assists healthcare facilities with National Healthcare Safety Network (NHSN) data submission; assists with annual HAI reports; and leads the state HAI Analytic Group.</p> <p>D.1.C) PPHF funds support an MDRO Detection and Prevention Collaborative, focused on Carbapenem-resistant Acinetobacter and Klebsiella pneumoniae organisms. The Collaborative consists of acute healthcare facilities, Emergency Management Services, and local public health. Two project positions were filled in December 2012: Project Lead (a Registered Nurse) and a Data Analyst, who will provide monthly MDRO reports to healthcare facilities. Contracts were also developed with sub-recipients.</p> <p>D.2.B) UDOH continued to participate in CDC's multi-site evaluation of Pneumococcal Conjugate Vaccine (PCV-13) vaccine effectiveness. PPHF funds supported contracts with USLPH and the University of Utah for daily and weekly surveillance reports, lab audits, and isolate shipment.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	District of Columbia Department of Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$410,842.00
8. Award Number:	3U50CI000867-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Washington DC Department of Health (DC DOH) was awarded funds to support laboratory, health information systems, and Healthcare Associated Infections (HAI) related activities in the FY 2012 ELC ACA cooperative agreement.</p> <p>Laboratory Capacity- In addition to supporting reagents and supplies, DC received funds to support a medical technologist. This position is current filled. This individual provides laboratory bench support for various ELC program areas. During this reporting period, the medical technologist performed Polymerase Chain Reaction (PCR) testing for HAIs, confirmed microbial resistance patterns on referred cultures by performing aminotransferase (AST), maintained part of the stock cultures for the microbiology laboratory, worked toward validation of newly acquired PCR platform instruments, and supported Direct Fluorescent Antibody (DFA) testing of a rabid bat colony that moved through the District during the late summer.</p> <p>Health Information Systems Capacity- Funds for this activity included support for the housing and maintenance of the servers on which the NEDSS Base System (NBS) exists. Additionally, funds support a Health Informatician. The position is filled. During the reporting period, the Informatician engaged potential vendors to develop and evaluate approaches towards an enhanced geographic information system and spacial analysis within the NBS. In October 2012, DC's NBS was upgraded from release 4.2 to 4.4. The Informatician has had and facilitated ongoing communication and interactions with hospital staffs for collaborative engagements for hospitals to patronize implementation of NBS release 4.4 and to generate automated transfer of Electronic Laboratory Reports (ELR) messages via direct interface engines. This individual has engaged hospitals to review and put an enhanced data sharing agreement between DOH and all acute care District hospitals. ACA carryover funds were authorized to support a Public Health Case Reporting (PHCR) module in the NBS to facilitate the electronic transfer of cases and information between the District, Maryland and Virginia. The requisition is awaiting approval.</p> <p>Healthcare Associated Infections- Funds were provided to support a Hospital Acquired Infections (HAI) coordinator. This position is filled. The HAI coordinator ensured that healthcare-associated infections mandated by the District were reported accurately and in a timely manner into the National Healthcare Safety Network (NHSN) by District facilities. Infection preventionists reporting to NHSN are provided updates regarding changes to the NHSN system, webinars, or training opportunities related to NHSN surveillance criteria and CMS reporting requirements. District HAI data are presented at infectious disease/infection control meetings. Additionally, DOH participated in International Infection Prevention Week as a supporting partner.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$207,829.00
8. Award Number:	3U50CI000868-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>This is the third funding period for the North Dakota Department of Health (NDDoH) Affordable Care Act (ACA) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) program. The purpose of these activities is to improve public health through enhancements to surveillance, epidemiology and laboratory capacity and health information system improvements. These continuing and enhanced activities included expanding epidemiologic capacity, the development of electronic laboratory reporting and informatics workforce and the maintenance of state Healthcare Associated Infection (HAI) activities.</p> <p>During the reporting period, continued employment of the full-time multi-disease purpose ELC epidemiologist position provided support and knowledge to respond to a variety of infectious diseases in North Dakota. This position was responsible for enteric case managing, data quality and outbreak identification and reporting. Additionally, this position coordinated vectorborne disease surveillance activities and provided assistance for other communicable disease surveillance activities, education, data quality and report development for the NDDoH Division of Disease Control.</p> <p>Additionally, funding has been provided to support ELC program infrastructure with a partially funded position. This position oversees the National Electronic Telecommunications System for Surveillance (NETSS) as well as the NDDoH Division of Disease Control's electronic disease surveillance system called Maven.</p> <p>The health informatics workforce (collectively represents 0.6 funded positions) in the NDDoH Division of Disease Control and Division of Laboratory Services continues to implement and support electronic laboratory reporting (ELR) efforts. These improvements provide electronic data exchange between public health and private or hospital laboratories for reporting mandatory reportable diseases and conditions to the NDDoH. During the current reporting period, the formed electronic messaging workgroup has implemented electronic laboratory reporting with two additional laboratories to report their reportable conditions electronically to the NDDoH Division of Disease Control using HL7 messaging. Additional facilities continue to be solicited for ELR implementation. ELR implementation fosters improvements to disease response time and reduces the burden and resources necessary for laboratories to report positive laboratory results on mandatory reportable conditions.</p> <p>During the reporting period, continued employment of the full-time HAI coordinator position provided assistance to facilities to improve and implement surveillance for HAIs as well as guide prevention efforts and activities during outbreaks and other facility-specific situations. The HAI coordinator continues to work with the formed HAI multidisciplinary group, infection preventionists group and North Dakota Healthcare Review to develop and implement prevention and control strategies in the state.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$841,739.00
8. Award Number:	3U50CI000869-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Washington State Department of Health was awarded funds to build capacity for epidemiology, laboratory, health information systems, Healthcare Associated Infections (HAIs), and evaluation of Meningococcal Conjugate Vaccine (MCV) in the state.</p> <p>Epidemiology: Funds were used to hire an Epidemiologist (November 2012), established an online Meaningful Use (MU) enrollment form for ELR and syndromic surveillance, and established an MU website with instructions on how to submit ELR and syndromic surveillance data to Department of Health (DOH).</p> <p>Laboratory: Funds were used to successfully meet several laboratory training goals such as those that address training for detection of influenza via PCR and pyrosequencing for Salmonella molecular serotyping. Additionally, CDC's real-time PCR assay for pertussis detection has been successfully implemented in the state and significant progress has been made on the enhanced Vibrio monitoring project.</p> <p>Health Information Systems: Funds were utilized to implement electronic lab reporting (ELR) system upgrades, connection to statewide Health information exchange (HIE), and administered the on-boarding process for Meaningful Use. A Microbiologist 2 was hired to facilitate all aspects of the successful implementation Laboratory Information Management System (LIMS) that were implemented in DOH laboratories.</p> <p>Healthcare Associated Infections (HAI): Funds were utilized to continue successful efforts to validate Central Line-Associated Bloodstream Infection (CLABSI) data and design has begun to also include a Surgical Site Infection (SSI) component. Additionally, two Pacific-region multi-state Multi-drug Resistant Organism (MDRO) and Carbapenem Resistant Enterobacteriaceae (CRE) collaborations have been established and a vacated Epidemiologist position filled</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Indiana State Board of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,066,284.00
8. Award Number:	3U50CI000870-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The award provided the State of Indiana with much needed resources in both epidemiological surveillance and investigation but also laboratory analysis and supplies. These are essential to the ongoing public health mission to minimize the effect of communicable disease. This award included the Indiana National Electronic Disease Surveillance System (INEDSS) helpdesk retention responsible for assisting our customers with accounts, data management, and system upgrades.in addition to the development, training on the business practices of using INEDSS to ensure accuracy and ease of use. A laboratory information management system (LIMS), sometimes referred to as a laboratory information system (LIS) or laboratory management system (LMS), is a software-based laboratory and information management system that offers a set of key features that support a modern laboratory's operations. Those key features include — but are not limited to — workflow and data tracking support, flexible architecture, and smart data exchange interfaces, which fully "support its use in regulated environments." The features and uses of a LIMS have evolved over the years from simple sample tracking to an enterprise resource planning tool that manages multiple aspects of laboratory informatics. Funding was afforded through this grant to fund a developer and project manager to enhance and continue construction of the LIMS system.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guidesoft INC, Knowledge Services
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000870-02S2
4. PPHF Funding Amount:	\$26,051.00
5. Subaward Purpose:	The INEDSS helpdesk is a critical position within Indiana StateDepartment of Health. It is responsible to activate and deactivate accounts of users of the system. It provides 1 on 1 training with users over the phone and answers their general user questions, without having to wait for a trainer to travel to the local health department, hospital, or clinic. In addition this person can help with data management, removing duplicate entries, merging files, and ensuring accuracy. This person also is essential in testing updates to the system prior to putting them into production.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guidesoft INC, Knowledge Services
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000870-02S2
4. PPHF Funding Amount:	\$52,478.00
5. Subaward Purpose:	The LIMS project manager position is a continuation of the the contract. This position supports the enhancement of the ISDH LIMS system to contribute electronic laboratory report data for additional assays, and further integrate the LIMS system with epidemiological databases.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guidesoft INC, Knowledge Services
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000870-02S2
4. PPHF Funding Amount:	\$36,000.00
5. Subaward Purpose:	The Informatician position is essential in the development of the business process of using the Indiana National Electronic Disease Surveillance System (INEDSS). This position trains local health departments, hospitals, and clinics on how to use INEDSS to report all of both the nationally notifiable and Indiana specific notifiable conditions. This position has also created a "train the trainer" program to empower field epidemiologists to train individuals or groups within the state, reducing travel costs and training time turn around.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guidesoft INC, Knowledge Services
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000870-02S2
4. PPHF Funding Amount:	\$47,477.22
5. Subaward Purpose:	The LIMS Developer position is a continuation of the contract. This position supports epidemiological and laboratorian data analysis efforts by providing Oracle Business Intelligence dashboards and reports, in addition to expanding the connection between the state's LIMS system and I-NEDSS, Indiana's NEDSS-infectious disease surveillance system

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Oregon State Public Health Division
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,023,799.00
8. Award Number:	3U50CI000871-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Laboratory: The Oregon State Public Health Laboratory (OSPHL) has automated serotyping of <i>Salmonella</i> isolates using the CDC Lumirex/BIOPlex™ molecular serotyping assay. Use of the molecular assay has allowed the OSPHL to realize significant savings of microbiologists' time. OSPHL has made progress in developing capacity to use PCR to test for several bacterial respiratory agents; they have acquired all controls as well as primer/probe sets and other reagents and are working with CDC to acquire the protocol to test for <i>M. pneumoniae</i>, <i>C. pneumoniae</i>, and <i>Legionella</i> spp. OSPHL has worked to develop capacity to conduct PCR for 4 new viral vaccine-preventable diseases: measles, mumps, rubella and varicella. Mumps and varicella are completely validated and in use as needed. Measles validation has been completed and is awaiting receipt of the final approval from CDC.</p> <p>Health Information Systems Capacity: Funded a surveillance manager and a software developer to increase efficiencies and interoperability of our information systems, with a focus on: HL7 messaging; use of shared services via systems interoperability; analysis, visualization and reporting capabilities of surveillance data; state and local training. We have been successful in streamlining our electronic laboratory reporting applications by supporting one integration/parsing engine instead of two, and we recently achieved interoperability with our immunization information system (IIS) so that data can be automatically queried and imported via a secure web service.</p> <p>Targeted Prevention and Control: HAI Infrastructure and Prevention Initiatives: Funded one staff member who oversees Oregon's mandatory HAI reporting system, provides technical assistance to facilities reporting HAIs using the National Healthcare Safety Network (NHSN), and analyzes state NHSN data and publishes reports. We have convened our HAI advisory committee, implemented our Healthcare Worker Influenza survey, and provided assistance to facilities with mandated reporting. We fund work started by Oregon's Patient Safety Commission (PSC), the PSC developed a nine-hospital collaborative effort dedicated to reducing central-line associated infections in Oregon and currently focuses on reducing HAIs in dialysis facilities. The PSC has successfully recruited 35 facilities and conducted 2 well-attended learning sessions, multiple calls, and successful site visits. Lastly, this award supports one full time epidemiologist and 3 contracts with experts in infectious disease to implement statewide surveillance and response to multidrug resistant organisms (MDROs). Our MDRO surveillance and response network has: hired staff and initiated contracts; initiated an advisory committee; created/analyzed needs of acute care facilities, long term care facilities, and laboratories; created a statewide database; and implemented aggressive and detailed surveillance for Carbapenem resistant Enterobacteriaceae (CRE).</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oregon Patient Safety Commission
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000871-02S2
4. PPHF Funding Amount:	\$292,361.00
5. Subaward Purpose:	<p>During the first period of this grant, the Oregon Patient Safety Commission established the NW Dialysis BSI Prevention Collaborative and recruited the Northwest Renal Network to provide the necessary support and collaboration. The original recruitment target was 20-25 facilities across Oregon and Washington, which they have exceeded: the collaborative currently has a total of 35 facilities, with 25 in Washington, 9 in Oregon, and 1 in Idaho. Collaborative participants come from one large dialysis organization, 2 hospital-based facilities, and four local non-profit organizations. Their first learning session in October 2012 was attended by 29/35 facilities. The second learning session was held on December 7 and was attended by 26/35 teams. The teams that missed the learning sessions have all had either visits or phone calls to catch them up. Each facility will receive 2 site visits during the collaborative, with first visits to be completed by the end of January; 21/35 are already completed and 8 more are scheduled. Each site visit is conducted by 2 members of the leadership team which includes the Collaborative Director, the Collaborative Chair, and the Northwest Renal Network Consultant. Each month the PSC holds one check-in conference call and one webinar. The November webinar was on NHSN methodology and the December webinar was replaced by our learning session. Calls and webinars have been well attended, and missing facilities receive individual emails stressing the important of full participation and requesting an update. The Patient Safety Commission contracts with the Oregon Health Authority for data analysis support. Outcomes data from NHSN and process measures data from a monthly survey are reported back to teams in a monthly dashboard – two have been shared so far (Nov and Dec). Lastly, the Patient Safety Commission has created have a robust password-protected website where teams access information, submit data, and can ask questions or faculty or their colleagues in a web forum.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Portland Veterans Administration Research Foundation (Christopher Pfeiffer)
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000871-02S2
4. PPHF Funding Amount:	\$59,183.00
5. Subaward Purpose:	<p>Christopher D. Pfeiffer, MD, MHS is the Hospital Epidemiologist at Portland VA Medical Center and an assistant professor of medicine in the Division of Infectious Diseases at Oregon Health & Science University (OHSU). Dr. Pfeiffer has played a lead role as Medical Director of the multidrug-resistant organism (MDRO) response network. Specifically he has contributed the following to this project: co-chaired MDRO response work-group meetings with Zintars Beldavs, the OHA HAI coordinator; been largely responsible for defining the structure, function and purpose of MDRO response network in collaboration with the group members; worked closely with team members to develop needs assessment surveys for Long Term Care Facilities, the Microbiology Laboratories, and the Infection Preventionists; served as the primary author of the "Oregon CRE Toolkit," an adaptation of the CDC's carbapenem-resistant Enterobacteriaceae (CRE) Toolkit for use in Oregon; participated in 2 OHA-led investigations, including a CRE infection and a multi-drug resistant <i>Acinetobacter</i> cluster; participated in conference calls with CDC and neighboring states; participated in the initial meeting of MDRO Prevention Collaborative sponsored by the Oregon Patient Safety Commission at Columbia Memorial Hospital in Astoria, OR; took responsibility for the recruitment of a multidisciplinary advisory group that will provide ongoing guidance to the MDRO response network; and assisted in the development and editing of case report form, inter-facility transfer form, and patient and staff education forms.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oregon State University (Jon P. Furuno)
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000871-02S2
4. PPHF Funding Amount:	\$26,641.00

5. Subaward Purpose:	Jon P. Furuno, PhD, is an Associate Professor in the Department of Pharmacy Practice, Oregon State University/Oregon Health & Science University College of Pharmacy. In his capacity as a consultant on the HAI-Multidrug Resistance project (Activity D1C), Dr. Furuno's primary activities have involved attending the regular planning meetings with the HAI-Multidrug Resistance team at Oregon Health Authority and participating on larger calls with CDC leaders. These meetings have involved discussion on the composition of the advisory committee, speakers and topics for interaction with key statewide stakeholders, and designing project surveys. Specifically, Dr. Furuno has assisted in the development of the acute care and long-term care infection control resources and needs assessment surveys. He has also provided technical consultation to the HAI-Multidrug Resistance team in following identification of a CRE-positive LTCF resident, including discussions regarding active surveillance culturing, isolation precautions, and risk of environmental contamination.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Oregon Health & Science University
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000871-02S2
4. PPHF Funding Amount:	\$34,354.00
5. Subaward Purpose:	John M. Townes, MD is an associate professor of medicine in the division of infectious diseases, and the medical director of Infection Prevention and Control (IPC) at Oregon Health & Science University (OHSU). Dr. Townes has provided assistance to the Oregon Health Authority in helping to plan and implement the MDRO response network. To date, he has: participated actively in project team meetings regarding the purpose, structure, and operations of the network; participated in conference calls with CDC partners and with potential regional partners at state health departments in Washington and California and the University of Washington; held regular meetings with Dr. Pfeiffer, the project director, to provide him with technical advice and mentorship regarding public health surveillance activities and hospital infection control issues; facilitated the recruitment of a multidisciplinary advisory group that will provide ongoing guidance to the network; assisted with setting the agenda for the advisory group meeting; assisted with development of a draft protocol for Infection Control management of cases of CRE identified in Oregon hospitals, which will be finalized after meetings with the multidisciplinary advisory group; provided input on the development and editing of surveillance data collection forms and project needs assessment surveys; provided infection prevention and control advice following the identification of a patient with carbapenem-resistant Klebsiella pneumonia at an Oregon health care facility.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Hawaii State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$507,644.00
8. Award Number:	3U50CI000872-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Epidemiology Capacity will be used to maintain an Epidemiologist with flexible, multi-disease, responsibilities adopt standardized investigative and data-sharing tools and methods; collaborate with partner agencies; participate in multi-state outbreak investigations; enhance epidemiology capacity through training; improve ongoing surveillance review with more robust and varied data analyses; improve coordination and exchange of surveillance data with other jurisdictions; better define the burden of emerging infectious diseases; develop/implement sentinel, syndromic, and hospital-based surveillance systems to enhance early outbreak detection and support situational awareness; and evaluate the impact and effectiveness of vaccination and other prevention/intervention measures.</p> <p>Laboratory Capacity funding is being used to increase the number of laboratories using updated diagnostic method; maintain a Laboratorian with flexible, multi-disease, responsibilities; implement flexible use and acquisition of supplies to support multi-disease needs; enhance laboratory methodology through training; participate in PulseNet and implementing new methods; enhance public health laboratory capacity to identify Vaccine Preventable Diseases (VPD) and respiratory disease agents.</p> <p>Health Information Systems funding is being utilized to maintain an Informatician with flexible responsibilities; enhance capacity to support data exchange between healthcare, laboratories, and public health; build capacity to accept, process, and analyze standards-based electronic messages per the Centers for Medicare and Medicaid Services (CMMS) Meaningful Use guidance; enhance notifiable disease, multi-drug resistant organism, and laboratory-based surveillance through increased electronic laboratory data exchange; link surveillance, clinical, epidemiology, and lab data; develop and implement electronic reporting of notifiable conditions by providers and hospitals; implement or enhance existing laboratory information management system to support standard messaging including the exchange of test orders/results between public health and laboratories; maintain laboratory information management interoperability standards; participate in the Public Health Laboratory Interoperability Project.</p> <p>Healthcare Associated Infections funding is being used to provide for new surveillance activities consistent with state HAI prevention plan strategies; and Hawaii Dept of Health is focusing on developing capacity to review data submitted to National Health Service Network (NHSN) for timelines, completeness, and quality; work with stakeholders to establish administrative rules for multi-drug resistant organism reporting through NHSN and case reporting via Electronic Laboratory Reporting (ELR); and collaborate with healthcare facilities and hospital information system vendors to build infrastructure for HAI reporting to NHSN.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	West Virginia State Department of Health and Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$284,319.00
8. Award Number:	3U50CI000873-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Funds awarded for : Epidemiology Capacity-ELC Epi 100% funded-reviewed past surveillance data for DIDE (Div of Infectious Disease Epi) website. Issues with 2012 data from WVEDSS (West Virginia Electronic Disease Surveillance System)/NBS encountered; working with Div of Informatics (DEIE) for resolution; attended NEDSS Base System (NBS)meeting, and developed protocol to compare ELR with paper lab report.</p> <p>Foodborne Epidemiologist (FBE)-salary,fringe travel funded 50% by ACA. FBE worked with a team for 2012 OutbreakNet Meeting; provided technical assistance and guidance to outbreak investigation team on food and waterborne outbreaks; analyzed survey assessing WV physicians' knowledge and practices on enteric pathogens. Programmer Analyst (PA) 100% funded by ACA, using Instant Alias updates surveillance data on web, updates IL data regularly, arboviral pages and links to reports established, outbreak and rabies data published on web, HAI webpages updated to guide practitioners, facilities and public; also made available LiveMeeting 2007 to facilitate DIDE training. Influenza Coordinator (funded 35%)-position filled Sept 2012.</p> <p>Laboratory Capacity-Performed Pulsed-Field Gel Electrophoresis (PFGE)-141 Salmonella, E. coli, Shigella isolates, uploaded to national database w/n 96 hrs of receipt. Microbiologist (funded 40%)-90% time on PFGE activities, including attendance to Pulsenet meeting;10% time on Enteric Bacteriology and Multi Locus VNTR Analysis (MLVA) testing. INFLUENZA: 328 NP swabs tested for Influenza using the Real-Time Polymerase Chain Reaction Protocol (RT-PCR) Assay, and 17 more specimens for other respiratory viruses using the Respiratory Panel. Funds for flu lab staff used for resp. virus testing supplies, shipping,& transport. Funds used to purchase PFGE reagents and other lab supplies.</p> <p>Health Information System-Funded 50% Inform Div Director salary,travel,fringe. Electronic Laboratory Reports (ELR) Coord. salary, travel and fringe ACA funded 20%; attended Rhapsody trg. & NBS meeting, joined LabCorp NBS ELR test pilot, addressed NBS data extraction quality issues, upgraded SAS environ, installed ELR route in Rhapsody. ELR challenges continue and CDC ELR TA requested; also working with WVIN on ELR; 13 ELR quality check protocols developed.</p> <p>Healthcare Associated Infections (HAI)- HAI Coordinator(HAIC) funded 100%, led 9 trainings of Local Health Department (LHD), long term care(LTC) and acute care(AC) on Multi-Drug Resistant Organisms (MDRO & Clostridium diffi cile infection (CDI) prevention & control (epi,transmission,surveillance.prevention);6 after July1. HAIC published MDRO & CDI poster for LHDs, Long Term Care and Acute Care; presented poster at WV trainings and at the HAI meeting in Nov2012; mentored CSTE HAI Fellow (conducting survey of LTC and AC IP (in-Patient) on practices related to Carbapenem-resistant Enterobacteriaceae (CRE) and CDI prevention and control; >90% response.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mid-Ohio Valley Health Department (MOVHD) - Patrick Burke
2. Subaward Date:	09/27/2012
3. Subaward Number:	3U50CI000873-02S2
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	<p>The Regional Epidemiologist employed by and based in the Mid-Ohio Valley Health Department (MOVHD) supports 6 counties. ELC ACA supports 100% of his salary, fringe, travel, supplies and equipment. His activities for the reporting period were as follows:</p> <ol style="list-style-type: none"> 1. Visited in person or by telephone all 6 local health departments and all 4 hospitals twice or more often. Topics discussed included: lab capacity at the Office of Lab Services, Sentinel influenza surveillance, disease reporting, and infectious disease consultation 2. Disseminated all Health Alert Network (HAN) alerts to health care providers 3. Provided weekly feedback (Influenza-like illness-ILI, Gastrointestinal tract-GI illness, rash illness data) to stakeholders of MOVHD syndromic surveillance system 4. Offered support to regional hospital EDs during Bureau for Public Health (BPH) hospital ED surveillance following June Derecho storm 5. Distributed to stakeholders latest CDC guidance on an outbreak of fungal meningitis associated with contaminated steroid injections 6. Participated in Division of Infectious Disease Epi (DIDE) conference calls. 7. Ascertained cases of all reportable diseases in MOVHD's six county region 8. Entered all case investigations for reportable diseases into WVEDSS. 9. Reviewed all Animal Bite reports on WVEDSS/NBS. 10. Organized and participated in MOVHD region longterm care facility (LTFC)infection control training, August, 2012 11. Contacted sentinel providers by telephone in each of MOVHD's 6 counties and confirmed their participation in sentinel surveillance for the 2012-2013 season. 12. Reported all outbreaks to DIDE within 1 hour or initial call to LHD. Assisted in outbreak investigations – 2 respiratory outbreaks and 1 scabies outbreak in LTFC. 13. Contacted each LHD and confirmed that all health departments have at least one Sentinel Provider. In Oct, 2012 the RE also joined the Influenza Season Kick-off Conference Call. 14. Continued development and evaluation of web-based syndromic surveillance systems for school nurses and sentinel providers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pendleton County Health Department - Kimberly Kline
2. Subaward Date:	09/28/2012
3. Subaward Number:	3U50CI000873-02S2
4. PPHF Funding Amount:	\$75,000.00

5. Subaward Purpose:	<p>The Regional Epidemiologist employed by and based in Pendleton County HD supports 9 counties. ELC ACA supports 100% of her salary, fringe, travel, supplies and equipment. Her activities for the reporting period were as follows:</p> <ol style="list-style-type: none"> 1. Conducted quarterly visits with local health departments, infection preventionists, and laboratory supervisors to discuss disease investigation/reporting issues. 2. Conducted training on disease reporting for the medical staff at a local hospital, and assisted counties in dissemination of health alerts to public health partners and the public as needed. 3. Participated in bi-weekly conference calls with DIDE, and attended DIDE/Reg Epi meeting. 4. Attended outbreak investigation workshop, WV Public Health symposium, taught microbiology to the new sanitarian training class, and gave presentations for sanitarian inservices for the ROC Region (campylobacter outbreak) and EPHRT Region (rabies). 5. Gave interview to local television station concerning feral cats and rabies in the region, met with county commission to discuss animal control issues, provided health fair exhibits on rabies and pet vaccination. 6. Trained ten new public health personnel in six counties on case investigation and disease reporting in the electronic reporting system (WVEDSS). 7. Reviewed information needed to complete Q Fever protocol. 8. Prepared listing of cases older than 30 days at least monthly, and sent to each health department in the region for their completion; and assisted two counties having new personnel with case investigation to complete these cases. 9. Conducted review of all cases for completeness of investigation and information compiled, and assisted counties that needed additional investigation of cases to complete their reports. 10. Participated in EPHRT Region strategic national stockpile tabletop exercise, evaluated offsite influenza vaccination clinic as part of an all-hazards drill, and prepared the after-action report for the vaccination clinic drill. 11. Assisted counties with a possible community outbreak of campylobacter, a scabies outbreak in a long-term care facility, a chickenpox outbreak in a school, and two influenza clusters in schools. 12. Assisted counties with recruitment of sentinel providers for the 2012-2013 season, submitted the list of 10 providers from the region to DIDE, and ordered viral transport media kits for all health departments and the ten sentinel providers in the region.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Monongalia County Health Department - Bob White
2. Subaward Date:	09/27/2012
3. Subaward Number:	3U50CI000873-02S2
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	<p>The Regional Epidemiologist (RE) employed by and based in Monongalia County HD supports 6 counties. ELC ACA supports 100% of his salary, fringe, travel, supplies and equipment. His activities for the reporting period were as follows:</p> <ol style="list-style-type: none"> 1. Visited all LHDs and all 7 hospitals twice or more often, to discuss disease reporting, staffing, outbreaks, and case reports. 2. Copied on all Health Alerts from LHDs; assured that LHDs broadcast the alerts to providers. 3. Participated in DIDE conference calls. Communication between the RE and DIDE remains a top priority 4. Attended East Coast Regional EIS Conference in March, 2012 in Morgantown. In Nov, 2012 the RE attended the DIDE/RE statewide meeting in Charleston 5. Reviewed all Animal Bite reports on WVEDSS/NBS. RE spoke to the Sanitarian's In-Service group regarding animal bite and arboviral investigations. 6. Investigate case reports and enter information into NBS. The original goal of RE position was to be an infrastructure personnel back-up. Most LHD employees that routinely use WVEDSS/NBS are proficient. RE trained 3 Sanitaricians and 4 nurses during this period. 7. Continues to review documents pertaining to Animal Bite protocol and how to complete the documents pertaining to reporting, follow up and submission of specimens. 8. Every effort is being made to complete investigations on a timely manner but some delays still occur because of LHD manpower shortages and lack of funding. The RE consulted with local health departments on various case ascertainment issues and case definitions. Hospital and laboratory reporting continues to be a problem. 10. Continues to be the Planning Lead and the Epi/Surveillance Lead for the PACT region. RE assisted Preparedness Action Coalition Team (PACT) Region with "OPERATION GO HOME". This event was set up to determine how fast offsite vaccination clinic could be set up in the event of an actual emergency. The RE took part in hospital surveillance and assisted with regional health department activities associated with the Derecho in July. 11. 4 outbreaks investigated- 1 LTCF, 1 food service, 1 school and 1 turtle exposure. All were reported within 24 hours and completed quickly. 12. Contacted each LHD and confirmed that all health departments have at least one Sentinel Provider. In Oct, 2012 the RE also joined the Influenza Season Kick-off Conference Call. 13. Met with the Monongalia County's Community Needs Assessment Committee to attempt to complete a Community Needs Action Plan. The RE acts as meeting organizer and facilitator to move the committee along to an action plan. RE acts as an intermediary between the Monongalia County Health Department and WVU's Master of Public Health Program in an effort to afford students with desirable public health internships and practicum placements. Guest lectured a WVU Public Health Symposium class in September and discussed the role of the Public Health Epidemiologist.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	New Hampshire State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$429,097.00
8. Award Number:	3U50CI000874-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>ELC funds have continued to be used to support epidemiologic capacity for infectious diseases in New Hampshire. The Surveillance Epidemiology Program Manager (SEPM) position has remained filled throughout the reporting period. The SEPM supervises 7 epidemiology staff; Lyme disease & arboviral illness program protocols were updated during the reporting period. A Lyme disease surveillance intern was hired in July to help manage thousands of Lyme disease reports. Staff epidemiologists continue to enter outbreak reports into the National Outbreak Reporting System (NORS). ELC funds have been used to support both routine epidemiology functions as well as allow NH to mount a comprehensive epidemiologic response to two large outbreaks in 2013. The Healthcare-Associated Infections (HAI) Program was staffed by one ELC ACA funded position. The HAI Program held a meeting with their advisory workgroup, attended the annual HAI grantees meeting at CDC, provided infection prevention trainings to long-term care facilities, provided a National Healthcare Safety Network training, drafted the 2011 public data report, provided technical assistance for NHSN, and was engaged in two HAI outbreak investigations. The ELC funds continue to be used to expand and enhance laboratory capacity for identifying infectious diseases. Three laboratory positions are funded by the cooperative agreement: the Microbiologist (Micro) VI position continues to oversee molecular testing including Pulsed-Field Gel Electrophoresis (PFGE), molecular testing/sequencing of foodborne pathogens; the Laboratory Scientist III position continues to perform molecular testing for TB; the Micro I position was filled in August 2012. During the investigation of Hepatitis C Infection (HCV) outbreak at Exeter Hospital, NH in 2012, the Micro VI and the Micro I played critical roles in terms of performing HCV testing and coordinating activities between the PHL, the NH Bureau of Infectious Disease Control (BIDC) and the CDC Hepatitis Laboratory Branch in support of the investigation. The Micro VI and the Micro I also worked to develop a duplex Polymerase Chain Reaction (PCR) procedure to detect both Cryptosporidium and Giardia in one reaction. The Business Systems analyst position remains filled and worked to promote standards based electronic laboratory reporting through several partner organizations. Although two positions to increase capacity were not funded, the work to perform Rhapsody tasks and outreach to NH's labs has continued at a slower pace by existing staff. Through the Association of Public Health Laboratories Technical Assistance, the state was able to accept electronic laboratory reports (ELR) for human immunodeficiency virus from national labs and additional work is being conducted to accept ELR for sexually transmitted diseases. One new commercial lab has been contacted to send ELR to Rhapsody as well as several high-priority NH hospital labs.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	New Jersey State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$382,906.00
8. Award Number:	3U50CI000875-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Activity A – Epidemiology Capacity The New Jersey Department of Health (NJDOH) has continued and increased their antimicrobial stewardship activities, with an average of one lecture/symposium per month devoted to the Get Smart program. We have also continued progress with our antimicrobial detailing. We have continued work on Methicillin-resistant Staphylococcus aureus (MRSA) reporting, and strengthened our overall epidemiology capacity by funding a "flexible epidemiologist/lab liaison" position with the state medical school. Norovirus surveillance and response has continued, with both the number of outbreaks reported in the current norovirus season and the amount of testing done running at higher than typical levels.</p> <p>Activity B – Laboratory Capacity As of January 9, 2013, the NJDOH has seen increased levels of influenza throughout the state. The New Jersey Public Health Environmental Laboratory (PHEL) has processed 322 specimens submitted for influenza testing. All specimens found positive for influenza A have been subtyped. To date, NJ has identified 2009 H1N1 (9 specimens), influenza AH3 (180 specimens), and influenza B (32 specimens). To date, 6 specimens have been sent to CDC for additional testing. ELC PPHF funding has supported these activities during this reporting period.</p> <p>Activity C – Health Information Systems – ELR Capacity NJDOH has increased the number of laboratories that are able to report via Electronic Laboratory Reports (ELR). In this time period, we added a new, large, out of state commercial lab ARUP Laboratories (Associated Regional and University Pathologists), and a hospital lab (Cooper). In addition, we were able to brought on-board several of our existing ELR partners with HIV data. In the August to December 2012 time-frame, we have started processing HIV data from four labs - two hospitals and two commercial labs. We are also in the process of testing Health Level 7 (HL7) 2.5.1 messages from four hospital labs.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Arkansas Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$566,038.00
8. Award Number:	3U50CI000876-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Arkansas Department of Health (ADH) receives support from CDC's Epidemiology and Laboratory Capacity (ELC) Building Cooperative Agreement to develop and sustain activities in four areas.</p> <p>EPIDEMIOLOGY: The ELC PPHF funds support two positions: an Epidemiologist and a Data Quality Coordinator. Collectively, these positions support refinement of protocols for infectious disease investigations; conduct of outbreak investigations; and improvement of the quality and timeliness of data collection for disease surveillance. From August through October, the Epidemiologist was a critical asset in the investigation of two major foodborne outbreaks that occurred in two different units of the Arkansas Correctional System with 597 cases of illness investigated. The work of the Data Quality Coordinator was also critical for the collection of data for these outbreaks using CDC's National Electronic Disease Surveillance System (NEDSS) and for their timely reporting to CDC.</p> <p>LABORATORY: The ELC PPHF funds support two positions: a Laboratory Section Manager and a Microbiologist. Collectively, these positions support analysis of specimens for selected viral illnesses (rabies, norovirus and influenza) and analysis of specimens for foodborne illnesses due to Salmonella, Shigella, Campylobacter, E. coli 0157 and several non-0157 shiga toxin-producing E. coli.</p> <p>During this reporting period, the ELC support allowed the public health laboratory to respond in a timely manner to Salmonella outbreaks at two prison units by culturing 403 stool specimens from inmates as well as over 100 Salmonella isolates that were related to other outbreaks or disease clusters.</p> <p>HEALTH INFORMATION SYSTEMS: The ELC PPHF funds support one position: the NEDSS Section Chief. He oversees maintenance and improvement of NEDSS through development of system documentation, data back-ups and implementation of significant software upgrades. For the reporting period, the Arkansas installation of NEDSS was upgraded twice, which brings it up-to-date with the most recent CDC NEDSS release.</p> <p>HEALTHCARE-ASSOCIATED INFECTIONS: The ELC PPHF funds support two positions: an Epidemiologist and an Administrative Specialist. Collectively, these positions operate the Healthcare-Associated Infections (HAI) Program for Activity D.1.A, Prevention Infrastructure. The Arkansas program monitors four types of HAIs: central line-associated bloodstream infections (CLABSI); catheter-associated urinary tract infections (CAUTI); surgical site infections (SSI) for colon surgeries and SSIs for abdominal hysterectomies. The HAI Program coordinated an Advisory Committee meeting in October 2012. Also in this reporting period, detailed technical assistance was given to the 45 hospitals required to report their first and second quarter HAI data for 2012 to National Healthcare Safety Network (NHSN). All 45 hospitals reported data with 293 HAIs being reported. This data has been posted on the ADH HAI webpage.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Delaware State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$461,270.00
8. Award Number:	3U50CI000877-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Delaware Public Health Laboratory (DPHL), Epidemiology Bureau, and Health Systems Protection received funding through the Affordable Care Act (ACA) cooperative agreement for support of epidemiology, laboratory, health information systems, and Healthcare Associated Infections (HAI) activities. This funding allowed DPHL to maintain and to implement high complexity diagnostic tests and report the results for more timely surveillance. With recent emphasis on Vaccine Preventable Diseases (VPDs) and declining vaccination rates, DPHL has undertaken the validation and implementation of many new assays through ACA funding. These include the continuation of rRT-PCR for Measles viruses and implementation of rRT-PCR for Mumps viruses. DPHL is currently validating a real-time PCR method for Varicella Zoster Virus (Chicken Pox), and the Luminex Respiratory Virus Panel for the identification of seven respiratory viruses including influenza and Respiratory Syncytial Virus (RSV).</p> <p>The position of the enteric epidemiologist was converted into an ELC Epidemiologist and will be responsible for both foodborne illnesses and other outbreak investigations. The position was approved for hire and we are currently interviewing. Data in NORS has been reviewed for completeness and is updated regularly. Funds were also awarded to assist with modifications for the interface of the Laboratory Information Management System (LIMS) with the DPH electronic health record system. Epidemiology, Health Systems Protection, and the Public Health Laboratory continue to work collaboratively during foodborne outbreaks.</p> <p>Additionally, during the reporting period, a HAI coordinator was recruited, the HAI Advisory Committee met, and the Coordinator promoted HAI prevention activities to University of Delaware students rotating in Public Health. It is anticipated that the students will be actively involved in HAI prevention efforts.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lab Support, a Division of On-Assignment (Activity B)
2. Subaward Date:	8/23/2012
3. Subaward Number:	3U50CI000877-02S2
4. PPHF Funding Amount:	\$85,000.00
5. Subaward Purpose:	<p>The Delaware Public Health Laboratory (DPHL) maintained a Contract Laboratory Scientist (CLS) to perform diagnostic/surveillance testing, and to implement new assays using Affordable Care Act (ACA) funds from July 1, 2012 – December 31, 2012. The full time employee (FTE) was hired in June of 2012, trained to perform real-time Reverse Transcriptase Polymerase Chain Reaction (rRT-PCR) for Measles and Influenza (flu) viruses in July of 2012, and has been doing this diagnostic testing since August 1, 2012. In the summer of 2012, the CLS conducted a validation study using rRT-PCR for Mumps viruses with completion in October, 2012. Additionally, the CLS finished the writing of both the validation procedures and Standard Operating Procedure (SOP). The CLS completed a CDC proficiency panel for both Measles and Mumps viruses in November of 2012 with passing scores. The CLS also sustains foodborne illness surveillance capabilities by using Multi-Locus Variable Number of Tandem Repeats Analysis or "MLVA" for Enterohaemorrhagic E. coli (EHEC) and Salmonella subtypes enteritidis and typhimurium. Performing the analysis requires CDC certification and approval which the CLS qualified for in August, 2012. The CLS has been submitting fragment analyses to CDC since September of 2012. The CLS was also trained on, and performs influenza Pyrosequencing testing. The Pyrosequencing assay detects single point mutations in flu specimens that may cause resistance to anti-viral medications, including Tamiflu. The CLS successfully completed a CDC proficiency panel for flu A/H3N2 and flu A pandemic/H1N1 in November, 2012. Finally, in November of 2012, the CLS attended training for the Respiratory Virus Panel (RVP) presented by Luminex and attained certification. The RVP detects seven respiratory viruses from a single specimen, including: Influenza virus, Respiratory Syncytial Virus (RSV), Adenovirus, Parainfluenza virus, Metapneumovirus, Rhinovirus, and Enterovirus. As of December 31, 2012 RVP validation was ongoing with the CLS continuing all testing, quality control, and writing of the study and SOP.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	License Investigator (Activity A Contractual)
2. Subaward Date:	8/23/2012
3. Subaward Number:	3U50CI000877-02S2
4. PPHF Funding Amount:	\$37,887.00
5. Subaward Purpose:	<p>The Office of Food protection (OFF) received funding for a License Investigator under the ACA. During the period from July 1 and December 31, 2012, OFF was unable to hire a contractor. OFF is currently in the process of contracting with a consultant to fulfill the Investigator II duties. This consultant will continue to implement complex foodborne investigations, which will include extensive interviews of food establishments linked to illnesses to identify any violations of the State Mandated 2011 Food Code, to ensure that food is properly handled from preparation through serving, and to investigate complaints. The consultant will also provide direct input to the team from the evaluation of available facts (including gathering, controlling and evaluating evidence) and recommending appropriate actions that might include criminal charges due to fraud or other fraudulent activity.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Contractual Administrative Specialist (Activity A Contractual)
2. Subaward Date:	8/23/2012
3. Subaward Number:	3U50CI000877-02S2
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	<p>Funds were awarded to hire a contractual administrative specialist to reduce the administrative burden of the State Epidemiologist, Epidemiology Bureau Chief, ELC epidemiologist, and additional epidemiology staff (Epidemiology Bureau expanded from 3 to 6 epidemiologists). The position was posted for hiring and interviews were held with Departmental approval. A reference check of the final candidate is currently in progress.</p> <p>Funds were also provided for a contractual interviewer to provide assistance during peak food borne illness season. The interviewer will help investigate outbreaks by identifying sources of infection, suggest and monitor control strategies, and evaluate outcomes following intervention measures. Historically, food borne illnesses have surged in Spring and Summer. The plan is to hire a contractual interviewer during March, 2013.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	LIMS/EMR Integration Project (Activity C)

2. Subaward Date:	8/23/2012
3. Subaward Number:	3U50CI000877-02S2
4. PPHF Funding Amount:	\$86,000.00
5. Subaward Purpose:	<p>We have updated our Laboratory Information Management System (LIMS) to keep pace with changes made at the national level. This includes but is not limited to updated application functionality, fixes, along with updates to the Systematized Nomenclature of Medicine (SNOMED) coding table, the Logical Observation Identifiers Names and Codes (LOINC) coding table, and Health Level 7 (HL7) messaging requirements (including the new influenza variant code for Public Health Laboratory Interoperability Project-PHLIP messaging). Our existing instrument interface hardware was replaced due to age. The software was also updated to the latest version. Several new instruments were added to the interface.</p> <p>Our service agreement contract amendment with the LIMS vendor has been approved and we have scheduled a team meeting between LIMS and Electronic Medical Record (EMR) for January 9, 2013. At the meeting, the requirements needed by the EMR to send requests to LIMS and to receive results from LIMS will be established.</p> <p>We have spent \$8550 of the LIMS HL7 portion of the grant. Due to DPHL bureaucratic processes to obtain IT approval for work to start, the project is delayed. DPHL was unable to start work until November 15th. The EMR recently received approval to begin their part of the project. We anticipate that the project will make progress rapidly once the EMR system requirements are established because DPH has already implemented the infrastructure needed to send and receive HL7 messages (hardware, Rhapsody licenses, Public Health Information Network Messaging System-PHINMS).</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Core Solutions, Inc.
2. Subaward Date:	7/2012
3. Subaward Number:	3U50CI000877-02S2
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	<p>A key benefit of connecting the Public Health Laboratory Information System and Public Health Electronic Medical Record system is that it provides a greater quality of care at the clinical level. The transmission of lab order requests are performed via HL7 message and the matching of that data to the sample is received quickly by Delaware Public Health Lab (DPHL). Because of the way order requests are currently managed (by PH-EMR workflows), they are subject to potential errors. These can be significantly reduced once manual data entry is minimized. Beyond decreasing data entry errors, there will also be an improvement in accuracy of results reporting because data will be transmitted electronically to the PH-EMR.</p> <p>The contract for the LIMS and PH-EMR project became effective on 12.31.2012. Contracts are considered to be in effect once signed by the Secretary of DHSS. Because the contract became effective at such a late date, there has not been enough time to responsibly spend the entire amount (\$50,000) for the PH-EMR. A project kick-off meeting was held on 1.9.2013. At that time, a framework, timeline and payment schedule were determined. These will establish the activities and expenditure points to fully complete the project by the end of the grant cycle. Once this plan is accepted, funding draw downs will begin.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,926,579.00
8. Award Number:	3U50CI000878-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Iowa Department of Public Health (IDPH) received PPHF funding to work on general epidemiology, foodborne illness surveillance, laboratory activities, health information systems, and healthcare-associated infections (HAI). IDPH used the PPHF funds from August 1 – December 31, 2012 to increase staffing capacity for surveillance and investigation capacity for reportable conditions across Iowa; evaluating current high priority infectious disease problems including emerging threats; and establishing additional support for West Nile surveillance and healthcare-associated infections (HAI). IDPH has worked on two national foodborne outbreak clusters with CDC and 19 in-state person-to-person outbreaks; all were reported into the National Outbreak Reporting System (NORS). The nurse epidemiologist has attended at least three conferences provided educational material on communicable diseases. The Iowa team supported by the Affordable Care Act (ACA) grant has been working on several projects related to electronic data exchange. Some of these are more directly related to activities under the ACA grant or implementation of electronic laboratory reporting (ELR) in alignment with the Meaningful Use initiative than others, but all are activities related to electronic data exchange between IDPH and partners at either the local or the national level. These projects include completion or development toward completion of the following projects:</p> <ul style="list-style-type: none"> • Upgraded 4 more (Laboratory Information Management System) LIMS modules from HL7 2.4 to HL7 2.5.1 • Preparation for the 3rd Meaningful Use for ELR Workshop to kickoff for the On-boarding process with Iowa hospitals. • Implementation of HIV ELR • STD Partner Services • Arboviral Case Notification • Established internal infrastructure for handling Influenza Data • Began loading standard code recommended for transmitting laboratory and clinical results, LOINC and SNOMED, into Diagnosis One, an integral component for hospitals implementing the Meaningful Use for ELR objective.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	State Hygienic Laboratory at the University of Iowa
2. Subaward Date:	August 1, 2012 - July 31, 2013
3. Subaward Number:	3U50CI000878-02S2
4. PPHF Funding Amount:	\$752,172
5. Subaward Purpose:	<p>Activity B: Funding allowed for the retention of a multipurpose ELC Laboratorian for PulseNet and Outbreak Response. This person contributed to the testing of specimens for PulseNet: 39 E. coli O157:H7- 95% met CDC 4 day turnaround time (TAT) 31 Non-O157:H7 STEC-97% met CDC 4d TAT 52 Shigella- 98% met CDC 7d TAT 269 Salmonella-99% met CDC 7d TAT Additional testing contributions were 216 enteric cultures, 515 enteric serotyping, 457 tests for shiga toxin, and 82 STEC cultures. This testing leads to the discovery and prevention of foodborne illness. Funding allowed for the retention of a Multipurpose ELC Laboratorian for Outbreak Response and Enhanced Molecular Testing for Vaccine Preventable Diseases. Public health intervention to mitigate the spread of disease was enhanced by contributing to the molecular tests: 1568 Influenza A, 728 Influenza A subtyping, 1653, Influenza B, 31 Mumps, 4900 pertussis. Molecular testing was also performed on 165 specimens for norovirus to assist in outbreak investigations.</p> <p>Activity C: The electronic interface for reportable conditions (disease reporting) between State Hygienic Laboratory and Iowa Department of Public Health has been working on the following new modules: Gonorrhea Culture, Syphilis, Virus, and Tuberculosis (QFTG-In tube). All the new modules have been designed and programmed using HL7 2.5.1 ELR-TA guidelines including using LOINC test codes and SNOMED result vocabulary. A group of test messages, at least 20 per module covering a variety of permutations that simulate actual test results have been sent between the SHL and IDPH development servers in order to validate these HL7 Structures, LOINC and SNOMED mappings, and to ensure that the correct information was received by IDPH. Once the validation document, which describes this process, is signed the four modules will be activated and moved into automated transmission (production).</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Kentucky State Cabinet for Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$747,099.00
8. Award Number:	3U50CI000879-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Activity A-Epidemiology Capacity</p> <ul style="list-style-type: none"> Personnel: Epidemiologist (Foodborne) – Salary and Fringe funded fully. Overall function: development, training and implementation of curriculum statewide for foodborne outbreak activities. Liaison between the Department of Public Health, Food safety Branch, state lab personnel, regional epidemiologists and local health staff regarding data analysis and outbreak investigation (Ongoing). Revision of enteric questionnaire for National Electronic Disease Surveillance System (NEDSS) users (Completed). Tracking and ID #s assignee for foodborne/gastrointestinal illness (FB/GI) outbreak investigation (Ongoing). National Outbreak Reporting System (NORS) oversight of GI outbreaks (Ongoing). Contact for Council to Improve Foodborne Outbreak Response improvement plan and Division's foodborne and waterborne outbreak investigation manual (Ongoing). Travel to Infectious Diseases Outbreak Symposium (Nov 2012) FEMA training for Foodborne disease outbreak response (Dec 2012). Personnel: Medical Epidemiologist-Overall Function: Principal investigator for the ELC grant. Assists in the oversight of the Disease Surveillance System and web based reporting to CDC Member of NEDSS based user group. Funds have been award for one contracted MPH student to conduct food histories. <p>Activity B-Laboratory</p> <ul style="list-style-type: none"> Personnel – Epidemiology-Lab Connector position filled to facilitate communication and integration between the laboratory and epidemiologists at the state and local health levels. Attended the Annual PulseNet update meeting held in Atlanta, Aug. 2012. <p>Activity C-Health Information Systems</p> <ul style="list-style-type: none"> Validation study for the detection of methicillin resistant staphylococcus aureus (MRSA) and Clostridium difficile toxin on the Cepheid GeneXpert initiated Oct. 2012. Both the MRSA and Clostridium difficile assays met the minimal College of American Pathologists (CAP) requirement. Currently evaluating the accuracy and precision for performing the MRSA assay directly from culture. Initial Campylobacter validation indicates a need for new reagents and validation samples. New reagents have been ordered. Reagents purchased to Support Bordetella pertussis polymerase chain reaction (PCR) testing. 118 specimens tested during this time frame. Additional staff trained to perform this testing. Reagents and supplies purchased to support Norovirus PCR and sequencing. BioNumerics upgrade for pulsed-field gel electrophoresis (PFGE) pending installation once order is processed. PFGE lab performed analysis of 414 Salmonellas, 22 E. coli O157, 19 shiga toxin positive non-O157, and 64 Shigella isolates. PulseNet lab found matches to 20 clusters and were instrumental in the identification of a national Salmonella outbreak resulting in a market recall of cantaloupe and other melons. Participated in several proficiency surveys during this time period distributed by CAP, CDC & PulseNet.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HAI Prevention Program
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000879-02S2
4. PPHF Funding Amount:	\$341,141.00
5. Subaward Purpose:	<p>D1A Activities</p> <p>Healthcare-Associated Infections (HAI) Coordinator:</p> <ul style="list-style-type: none"> Attended the HAI Grantees meeting in Atlanta and took part in a panel discussion on the current Long-Term Care (LTC) collaborative project. Attended the 2012 progress towards eliminating HAI meeting in Washington, D.C. Spoke on HAIs at the Infectious Disease Update Conference for the University of Kentucky College of Nursing in Lexington, KY. Spoke on Tuberculosis (TB) Infection Control in Hospitals at the Advanced Tuberculosis meeting for regional and local health departments held by the TB Program/Kentucky Department of Public Health (KDPH). Successfully completed emergency rapid response training to participate in outbreak investigations for the KDPH. Participated in the outbreak investigation of a reported MRSA outbreak in a Level 3 neonatal intensive care unit. Provided guidance to regional health department epidemiologists on Infection Prevention and Control issues in their districts. Accepted to present at the annual Association of Professionals in Infection Control and Epidemiology meeting in 2013 with Dr. Stone from the CDC. Chaired year end K-STRIPE meeting (statewide multidisciplinary committee). Obtained National Health Care Safety Network data use agreement. Provides information on all topics related to HAIs through statewide Infection Prevention (IP) list serve for hospitals and health departments. Serves as a resource for IPs in Kentucky on HAI and Infection Prevention and Control issues. <p>D1B/D2B Activities</p> <p>LTC Collaborative:</p> <ul style="list-style-type: none"> Conduct monthly conference calls Continue pre-intervention data collection validation Event definition validation on individual cases with each facility. >1250 Urinary Tract Infection (UTI) events >90 clostridium difficile infections (CDI) events Conducted two training sessions on implementing evidence based practices for CDI and UTI prevention. Created and distributed 36 resource documents and tools developed for LTC facilities and posted on HAI Forum page of EPI-X. Policies Skills check offs Decision trees Definition algorithms Empiric antimicrobial therapy Sponsored the coordinator from each participating LTC facility to attend the annual statewide IP conference. Held conference calls and live meetings with LTC medical providers to elicit support for intervention implementation.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Contractual Personnel -Division of Laboratory Services
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000879-02S2
4. PPHF Funding Amount:	\$162,080.00
5. Subaward Purpose:	<p>Activity C: Personnel: Informatician – Continued Position Activities: Currently, 90 % of lab data is passed to Kentucky Health Information Exchange (KHIE) PRODUCTION. 100% of Lab information is in the KHIE TRAIN Environment</p> <ul style="list-style-type: none"> • 90% of Lab information is in the KHIE PRODUCTION Environment • Validation of all lab information in the KHIE TRAIN environment is 99% successfully completed • 2-3 reports passed to KHIE for PILOT facilities to validate (external validation) via the Virtual Health Record (VHR) or the Continuity Document Architecture (CDA/CCD)-Ongoing • Attend monthly KHIE monthly update meetings-Ongoing • Participate in weekly KHIE Team meetings-Ongoing • Provide daily KHIE Status updates to lab leaders • Logical Observation Identifiers Names and Codes (LOINC) from Regenstrief community member (updates and news related to LOINC) <p>Personnel: Lab Vocabulary Specialist (50% funded) – Continued Position</p> <ul style="list-style-type: none"> • Completed current state Laboratory Information Management System vocabulary to standard LOINC for HL7 2.5 messaging- • Member of Lab validation team, validating KHIE TEST and PRODUCTION data-Ongoing • Identify new lab test and data elements specific to electronic orders from hospitals, clinics and other healthcare facilities-Ongoing • LOINC from Regenstrief community member (updates and news related to LOINC) <p>Travel</p> <ul style="list-style-type: none"> • Travel to Annual Public Health Association 140th Annual Meeting and Expo-Complete • Travel to Association of Public Health Laboratories (APHL) Annual Mid-Year Meeting-Complete • Travel to APHL Informatics Committee Meeting-Not funded-Complete • Attended the Kentucky eHealth Summit 2012 (eHealth Network board and KHIE Coordinating Council) – KY KHIE award recipient – Complete <p>Other: RD Filter</p> <ul style="list-style-type: none"> • KHIE development staff developed and structured the KHIE Reportable Disease filter-Complete • 2. Validation of filter for lab data for pre-selected "Reportable" diseases. o Current generation plan is to begin validating "Reportable" diseases passed from KHIE to NEDSS (NEDSS Based System)-Ongoing • 3. Currently, KHIE filter connected to Rhapsody to convert 2.5 messages to 2.3 messages in to NEDSS. Current status, 0 capacities to convert-Ongoing

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Florida State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,481,828.00
8. Award Number:	3U50CI00880-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The PPHF report for the Florida Department of Health is below.

11. Summary of Activities:

In Florida, work continues to fill cross-cutting investigation positions that are funded under Activity A, Epidemiology Capacity. The Dengue project funded in Activity A was restructured to a shortened time-frame of six months to better meet the needs of dengue activity in Florida and because funding was limited for laboratory testing. This restructuring will allow for a complete array of testing as initially proposed, and focus on months when local dengue transmission risk is highest rather than running the project for the full year. Dengue project planning with multiple internal and external partners was initiated and a face-to-face meeting with county health department and hospital partners was conducted to discuss staffing, test capacity and logistics and other essential issues. Current activities for Dengue are focused on preparing to hire project staff, preparing for necessary training of staff, ordering laboratory supplies, preparing structure of reports and other essential pre-sample preparations.

Under Activity B, Laboratory Capacity: The CaliciNet sequence certification panel was successfully completed in August 2012 and two laboratorians successfully completed the requirements for complete laboratory certification for CaliciNet in September 2012 by testing and reporting proficiency samples. Fifty samples (30 outbreaks) were uploaded to CaliciNet. Some of the first uploads included the new GI.4 Sydney genotype. For Arbovirus Surveillance: 11,040 sentinel chickens were tested, of those 579 were positive for an arbovirus (SLE, WN, EEE, or HJ). Wild animal surveillance included testing of 23 dead mammals and birds, of which eight were positive. Thirteen wild/exotic birds were tested, of which eight were positive. Three hundred mosquito pools were tested, of which six were positive. 1,018 tests were performed on human specimens and 264 samples were positive (SLE, WN, EEE, or DEN). For PFGE testing at the Bureau of Public Health Laboratories in Tampa: The Tampa laboratory continues to collect Salmonella isolates from Quest Diagnostics and has been able to submit patterns for a portion of those collected. The Tampa laboratory (FLTM) uploaded seven gels (44 total isolates) to the CDC national server. Salmonella PFGE certification sets were submitted for and results are pending. The BioNumerics upgrade to a three-user networked license was approved by Florida Department of Health's Information Technology Standards Workgroup, purchased and received. The Jacksonville IT department is currently working on installation.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Ohio State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,201,483.00
8. Award Number:	3U50CI000881-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Ohio Department of Health (ODH) was awarded PPHF funds for the following:</p> <ol style="list-style-type: none"> 1) Epidemiology Capacity –Maintain the jurisdiction’s multi-disease Epidemiologist (Epi) position. In addition to addressing outbreaks, this Epi focuses on enhancing infectious disease surveillance and evaluation of public health interventions. 2) Laboratory Capacity – In addition to supporting supplies for Polymerase Chain Reaction (PCR) and Pulsed-Field Gel Electrophoresis (PFGE) testing, funds were awarded for the multi-disease purpose laboratory scientist and a microbiologist with a focus on molecular methods. 3) Health Information Systems Capacity – Supports the consumption of electronic laboratory reports (ELR), HL7 2.5.1 standard, by the Ohio Disease Reporting System (ODRS). Funds are supporting a 1.5 health informaticians and a data administration manager focusing on integration and routing electronic messages, including meaningful use implementation and the ODRS capacity to handle ELR messages. 4) Healthcare Associated Infections (HAI) Prevention Infrastructure – Supports an infection prevention coordinator whose function is to coordinate and implement HAI prevention and control activities within the state, and participates in the multidisciplinary advisory group on HAIs. <p>Through December 31, 2012, progress has been made in all of the areas. Staff responded to 52 foodborne outbreaks since August 1, 2012. Increased ELR reports are received in ODRS. The multi-disease Epi and HAI coordinator were critical in responding to fungal meningitis outbreak cases including: participating in daily national conference calls, distributing health alerts to local health departments and providers, and working with local health jurisdictions to ensure all facilities known to have received New England Compounding Center (NECC) products removed them from the facility and contacted patients who received any injectable NECC product.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Oklahoma State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$399,171.00
8. Award Number:	3U50CI000882-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The Oklahoma State Department of Health has utilized this federal funding to augment epidemiology and laboratory personnel support to conduct surveillance for foodborne diseases, West Nile virus, influenza and other vaccine-preventable diseases. These personnel include three clinical laboratory scientists, two temporary epidemiology student positions, and 15% full-time equivalent of one epidemiologist. Administrative support for the Healthcare-associated Infections (HAI) program is obtained through a personnel services contract. Funds from this award are also used to support the meetings and other activities of the Oklahoma HAI Prevention Advisory Group. Public Health Laboratory supplies for the characterization and sub-typing of key pathogens, such as Salmonella, Shiga toxin-producing Escherichia coli, and Neisseria meningitidis have been purchased. Laboratory test results are shared with the Centers for Disease Control and Prevention to assist with national surveillance efforts, such as the transmission of pulsed-field gel electrophoresis (PFGE) data to the National PulseNet database. Additionally, this funding source supports improvements to Oklahoma's national electronic disease reporting and investigation system and allows for the expansion of electronic laboratory reporting.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	South Carolina State Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$639,917.00
8. Award Number:	3U50CI000883-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>>Epidemiology capacity: PPHF funds are used to identify training needs, develop data fields for acute reportable conditions to ensure consistency in data collections, and to monitor data quality and completeness of reporting. Additionally, recent case follow up was completed for a Neisseria meningitidis vaccine effectiveness activity.</p> <p>>Health Information Systems: The Department of Health and Environmental Control (DHEC) is currently designing and building a message integration engine to receive and test Electronic Laboratory Reports (ELRs) and syndromic messages (HL7 2.5.1) from healthcare providers, the SC Health Information Exchange, and the SC Public Health Lab via PHIN-MS and Nationwide Health Information Network (NwHIN Direct). DHEC is also enhancing the LIMS at the SC State Lab to be able to send ELRs (currently passing structural validation, code translation ongoing). Finally, DHEC is working with healthcare providers to advance their capacity to send ELR and NHSN messages (several providers will begin transmission in Q1 2013). These efforts are ongoing.</p> <p>>Healthcare-associated infections (HAI): HAI staff continued surveillance of central-line associated bloodstream infections (CLABSI) and certain surgical site infections (SSI) in 80 acute care and long-term acute care facilities (interim report posted on the DHEC website, October 2012). HAI staff met with the multidisciplinary advisory committee quarterly (September 6, November 28, 2012). In alignment with Content Management Systems (CMS) requirements, Healthcare Worker Influenza Vaccination rates were added to reporting requirements. Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections and carbapenem-resistant Enterobacteriaceae (CRE) will be reported through the National Healthcare Safety Network (NHSN). At the Association for Professionals in Infection Control meeting, October 24-26, 2012, the HAI Epidemiologist presented on the NHSN modules for multi-drug resistant organisms and healthcare worker vaccinations, and the HAI Section Medical Director/Program Coordinator presented on carbapenem resistant Enterobacteriaceae. HAI staff has been updating the state HAI Prevention Plan and are approximately half-way through this process.</p> <p>>Laboratory capacity: With funds awarded, the Bureau of Laboratories in SC have maintained PFGE testing on 100% of Salmonella, STEC, and Listeria isolates (5 day upload), acquired needed parallel samples for serogrouping and serotyping PCR assays and created a single assay control, completed cross-training for multiple assays, in addition to obtaining validation panels for Mumps and Measles PCR assays. Work has also been done to expand the sentinel database, update the sentinel contact information, and continue communication with sentinel laboratories. Additionally, BOL staff have collated hospital lab questionnaire information as well as developed and utilized procedures to provide additional communication and training venues.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Idaho State Department of Health and Welfare
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$493,498.00
8. Award Number:	3U50CI000884-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Epidemiology (EPI) Capacity: Partial funding was awarded for 3 staff members. Developing an Idaho Outbreak management system (ID-OMS) web-based system created for use by local and state EPI to standardize outbreak investigation and enable more effective data sharing. Efforts were initiated to develop comprehensive core question sets (QS) and determine Information Technology (IT) development needs. ELC-funded epi staff met with IT staff multiple times to discuss progress. Epi staff convened 4 times to review QS. Between each of these meetings the ELC-funded Health Program Specialist (HPS), coordinating development, drafted content, and coordinated improvements with IT and Epi staff. As the ID-OMS matures, additional ELC-funded staff will be used to build the web site. Weekly review of enteric data is carried out to recognize outbreaks early. Data sources include the Idaho Bureau of Laboratories (IBL) web-based portal, the ID NEDSS Base System (NBS), and the ID Outbreak database. A weekly summary is presented by the HPS to the other state level Epis and the Food Safety staff. The dedicated HPS attended a SAS/GRAPH analysis software course to produce enteric data maps.</p> <p>Laboratory Capacity: IBL focused on influenza surveillance throughout the summer and into the 2012-13 seasons. Evaluation of the xTAG Respiratory Viral Panel (RVP) assay was concluded with not enough useful information to justify the cost and will be discontinued. Measles and mumps RT-PCR assay verifications are nearly completed. Respiratory viral surveillance, Pertussis speciation, and Multiple-Locus Variable number tandem repeat Analysis (MLVA) needs assessments are underway.</p> <p>Health Information Systems ELR Capacity: A new Data Coordinator was hired and 2 additional web portals activated. A new web portal server was purchased to replace the current server. Eastern ID Public Health District began working with IBL to implement an electronic test order and receipt interface. Initial contacts have been made, interface and communications types determined, and a catalog of tests/ code is being prepared for the vendor (SuccessEHS). The estimated completion date is April 2013. IBL's Laboratory Information Management System (LIMS) vendor, Chemware, is contracted to 20 hours of technical assistance for the project. Idaho has received ELR test messages from two ID hospitals since July 2012 and continues to work with Meditech on messages that will allow 4 additional hospitals to provide Electronic Laboratory Reports (ELR). Public Health Districts have met all timeliness expectations regarding ELR management in the NBS for the period under review.</p> <p>Activity D: Healthcare-Associated Infection Surveillance: Since July 2012, 4 hospitals have had data validated for Methicillin-resistant Staphylococcus aureus (MRSA) 2 and surgical site infections (SSIs). Technical support has been provided to 3 hospitals regarding data submission to NHSN and data validation methods.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	North Carolina State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$815,564.00
8. Award Number:	3U50CI000885-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Year 3 of ELC-ACA cooperative agreement will allow NC Division of Public Health (DPH) to address existing gaps in Electronic Laboratory Reports (ELR) and meaningful use development; Health Care Associated Infections (HAI) surveillance and prevention efforts, and laboratory capacity to support foodborne disease epidemiology. Specifically, we propose to continue negotiating with hospitals and commercial laboratories across North Carolina to expand the coverage of ELR. Additionally, we will collaborate with the North Carolina Health Information Exchange (NC HIE) to determine how we will begin to receive ELR from regional and statewide health information exchanges. Enhancing our ELR capability will increase the timeliness, completeness and efficiency of communicable disease case reporting, and also increase our capacity to detect and respond to disease outbreaks.</p> <p>Enhancing resources for both centralized and local infectious disease case and outbreak surveillance and management is a critical need for NC DPH. To meet this need, we propose the following actions: 1) continuing to support our communicable disease technical assistance and training program (TATP); 2) continuing to support enhanced laboratory capacity for foodborne disease surveillance; 3) improving our informatics capability and expertise to expand ELR and address meaningful use requirements; 4) continuing to support coordination efforts for HAI prevention and building new HAI surveillance infrastructure to support new state HAI legislation.</p> <p>Funded activities and progress</p> <p>1) Epidemiology Capacity Funds are used to support: a) an epidemiologist (Epi) working on HAI prevention b) direct assistance of partial Full Time Equivalent (FTE) of a Career Epidemiology Field Officer (CEFO) to work on HAI prevention (rest of this position works on improving outbreak response); c) one nurse consultant position with our TATP, working to improve outbreak management and response; d) complement for full support to our lead foodborne disease epidemiologist position; and e) travel support, particularly for the 6 nurse positions in TATP.</p> <p>2) Laboratory Capacity Support is provided for supplies and staff working on molecular typing of foodborne pathogens.</p> <p>3) Health Information System Capacity Support is provided for staff working with partners in laboratories and hospitals on increasing our ability to improve timeliness and completeness of reporting through ELR.</p> <p>4) HAI Prevention Award supports: a) an Infection Prevention Coordinator position –in place- who works with the HAI Epi and medical director on implementation of HAI reporting, collaborates with partners on implementation of prevention initiatives, and training development and delivery for Public Health Department (HD) and other healthcare settings; and b) a 50% FTE of a nurse consultant collaborating with state level, local HD staff and 9 hospital-based public health epidemiologists on the meningococcal vaccine efficacy study.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of North Carolina at Chapel Hill
2. Subaward Date:	08/23/2012
3. Subaward Number:	3U50CI000885-02S3
4. PPHF Funding Amount:	\$159,390.00
5. Subaward Purpose:	<p>The North Carolina Division of Public Health (NC DPH) requested continued funding for its senior Electronic Laboratory Reporting (ELR) Coordinator to serve as the primary liaison between the NC DPH staff working with NC Electronic Disease Surveillance System (NC EDSS), the contracted vendor of the NCEDSS system, and laboratories working towards ELR capability. The ELR coordinator will continue to serve as the primary technical point of contact for review of standards and requirements, message testing and validation, and ELR production with electronic health record vendors, healthcare facilities, and commercial laboratories. The ELR Coordinator is responsible for:</p> <ul style="list-style-type: none"> o Coordinating the mapping of laboratory test and test-result codes related to all communicable diseases, pursuant to North Carolina Administrative Code 41A.0101(c), into Logical Observation Identifiers Names and Codes (LOINC) and (Systematized Nomenclature Of Medicine Clinical Terms (SNOMED-CT) coding. o Coordinating all ELR efforts for timely communicable diseases reporting in NC. o Performing development and maintenance of ELR components that are not under the NCEDSS vendor responsibility. o Testing ELR aspects of NC EDSS and NC LEAD and support the production process for ELR. o Assisting laboratories in transmitting their data in a standard format to DPH. Expand the number of transmitting laboratories. o Continuing to document the ELR process and procedures. <ul style="list-style-type: none"> l Establish an implementation protocol for the participation of additional laboratories, including an implementation checklist which can be followed as new laboratories and new tests are migrated to the electronic receipt methodology. l Maintain lessons learned and risk mitigation documentation. l Provide updated ELR Implementation Protocol document. <p>ELR Progress</p> <p>NC DPH participated in the ELR Implementation Support and Monitoring effort during budget year 2. Specifically, we completed each of the four steps during the requested timeframe and submitted the data spreadsheets to CDC. Step 4 was completed in May 2012. During budget year 2, NC DPH made significant progress in building ELR capacity. We hired requested ELR staff and established our first production feed with a major hospital system. In December of 2012, ELR was implemented for HIV, AIDS and Syphilis, completing integration of all reportable disease in one single surveillance system, NC EDSS.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,070,601.00
8. Award Number:	3U50CI000886-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Maryland Department of Health and Mental Hygiene was awarded funds for:</p> <p>Epidemiology: To maintain Maryland's "flexible" epidemiologist to fill gaps in epidemiology capacity.</p> <p>Laboratory: To maintain Maryland's laboratory capacity, including conventional and molecular lab methods for gastroenteritis and respiratory disease and coordinating across state, clinical and hospital labs.</p> <p>Health Information Systems: To support the consumption of Electronic Laboratory Reports (ELR) (using the HL7 2.5.1 standard) by our jurisdiction's NEDSS compatible system. Positions were funded to work towards implementing electronic laboratory reporting (ELR) to various surveillance systems and to facilitate data interchange between health care and public health sectors.</p> <p>Healthcare Associated Infections: To maintain the Healthcare Associated Infections (HAI) Coordinator to coordinate and implement HAI prevention activities within Maryland and to develop and launch a prevention initiative to prevent Clostridium difficile infections in healthcare settings. Additionally, the HAI coordinator coordinates and participates in HAI detection and prevention activities such as promoting appropriate antimicrobial use, Clostridium difficile surveillance and prevention, Gram-negative bacilli surveillance, participating in statewide committees, and serving as a liaison to the various partners involved in HAIs throughout Maryland. Recruiting is underway for a nurse consultant to lead the C. difficile prevention initiative.</p> <p>Through December 31, 2012, progress was made in all four areas:</p> <p>Epidemiology: The epidemiologist has assisted ELR implementation, enhanced epidemiologic investigation of individual case reports, and created or enhanced tools for review of large volume conditions such as chronic hepatitis. This work has expanded capacity to move labs towards implementation of ELR and improved timeliness and thoroughness of case tracking.</p> <p>Laboratory: The PPHF-funded scientists perform conventional and molecular assays for viral and bacterial pathogens associated with foodborne and respiratory illnesses. They coordinate with CDC for further characterization of pathogens and communicate results to clinicians, epidemiologists, national databases, and other public health partners.</p> <p>Health Information Systems: We have implemented quality checking of ELR through the various phases of testing, implementation, and monitoring post-implementation for each laboratory seeking to participate in ELR. Two commercial laboratories are in production use with ongoing monitoring; the state laboratory and 4 hospital laboratories are in test phase. We collaborated with the state-designated Health Information Exchange to engage 5 Maryland hospital laboratories for ELR and validate their test messages. As Meaningful Use (MU) is adopted we are helping hospitals and providers complete their MU public health testing and validating their test files.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Pennsylvania State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$907,892.00
8. Award Number:	3U50CI000887-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Pennsylvania Department of Health (PA-DOH) under the ELC cooperative agreement continues to take advantage of emerging laboratory and informatics technologies and more closely integrates epidemiologic, laboratory, and Information Technology (IT) systems and activities to accomplish program goals. Pennsylvania received resources through the ELC to improve our ability to utilize electronic laboratory records (ELR) for public health surveillance by more efficiently and rapidly on-boarding hospitals to transmit reportable disease data into PA-NEDSS (Electronic Disease Surveillance System) via ELRs.</p> <p>The Bureau of Epidemiology continues to improve disease and outbreak response and reporting using the two ELC-ACA funded epidemiologists. The ELC epidemiologist continues to improve the quality of ELR data and work to increase the number of laboratories using ELR for lab data submission. The ELR epidemiologist continues to manage daily operation of ELR and analyzing PA-NEDSS databases.</p> <p>The Bureau of Laboratories (BOL) has been able to maintain ELC Microbiologist position which is utilized in the influenza testing and pyrosequence analysis of antiviral resistance mutations. Pyrosequence analysis protocols for influenza antiviral resistance have been maintained and enhanced in that targets for influenza B viruses and additional influenza A targets have been added. Work is ongoing for BOL participation in CaliciNet. Two staff members have received CaliciNet training from the CDC and are in the process bringing our BeckMan CEQ8800 capillary electrophoresis sequencing platform into operation. Also, as part of the our enhancement of calcivirus testing capability the BOL is making steady progress in implementing and validating real-time Polymerase Chain Reaction (PCR) protocols for the detection of other significant calciviruses.</p> <p>The Bureau of Informational Technology (BIT) completed the replacement of legacy ELR workflow components by moving logic to Rhapsody. This reduced the ELR application support footprint and costs associated with application license renewal and support. The move also improved capability and capacity for ELR message handling and better positions the ELR project for meeting increasing demands of Meaningful Use implementation. BIT also focused on integration of Comma Separated Values (CSV) parsing logic from a legacy application into Rhapsody. This effort will also reduce the technical support and maintenance of the overall ELR workflow enabling more capacity and capability at less cost and risk. BIT also continues to work on the separation of the ELR and NEDSS applications. Activities are on-going for supporting this next step in creating independent applications to allow ELR to become a central component in handling enterprise health messaging. BIT is collaborating with multiple state and national entities to improve the certification process for laboratory information systems (LIS) for public health reporting.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Compter Aid Inc.
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000887-02S2
4. PPHF Funding Amount:	\$197,568.00
5. Subaward Purpose:	The contract is a dedicated resource on the PA-Electronic Laboratory Reporting (PA-ELR) rebuild project, i.e., PA-ELR / 2G. During this period the contractor developed, tested, deployed and implemented the 1st major upgrade to PA-ELR by updating the ELR web service (the secure portal for labs to upload ELR messages to DOH) from Microsoft framework 2.0 (WEP) to Microsoft framework 4.0 (WCF) web services. The contractor in addition was responsible for upgrading the automated batch upload client service, PA-Windows Service (PAWS). These changes affected both the web based manual upload pages within the PA-NEDSS application and PAWS. The contractor also participates in Joint Application Design (JAD) sessions for PA-ELR/2G.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,282,882.00
8. Award Number:	3U50CI00888-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>From 7/1/12-12/31/12, the foodborne disease epidemiologist conducted 18 outbreak investigations including 11 confirmed and 3 probable foodborne, 2 person-to-person, and 1 animal contact outbreak. These consisted of 11 norovirus, 4 Salmonella, 1 Shigella, 1 E. coli O157:H7, and 1 bacterial intoxication outbreak. These investigations identified over 204 illnesses and included two multi-state Salmonella outbreak investigations.</p> <p>The cross cutting and field epidemiologists were both extremely busy responding to the increase in vectorborne diseases in the summer and then the national outbreak of fungal meningitis which heavily affected Minnesota and is still ongoing. Over 1,000 patients in Minnesota were exposed to contaminated steroid products resulting in 13 cases.</p> <p>The state HAI coordinator participated in the Minnesota CHAIN (Collaborative HAI Network) Leadership and Advisory groups with the state QIO, hospital association, and APIC leaders to develop an HAI prevention Roadmap, Toolkit, and an all-day educational workshop that took place in September. She also participated in an Antimicrobial Stewardship Steering Group that developed written resources and hosted a daylong statewide conference in September for pharmacists, physicians, and infection preventionists. She also recruited additional organizations across the spectrum of care for the Minnesota HAI Prevention Advisory Group.</p> <p>Three funded laboratory staff performed a number of molecular tests including PCR for detection of calicivirus, sapovirus, adenovirus, rotavirus, rabies virus, N. meningitidis, S. pneumoniae, and H. influenzae. These positions also performed molecular subtyping methods including MLVA for S. Typhimurium, S. Enteritidis and E. coli O157, calicivirus and rabies genotyping, N. meningitidis molecular serogrouping, H. influenzae serotyping, and characterization of the E. coli stx 2 gene by sequencing. In addition, these positions tested ticks for a range of human tickborne pathogens and have developed an assay for detection of Naegleria fowleri and detection of rifampin-resistant M. tuberculosis by pyrosequencing.</p> <p>We continued to transition infectious disease program areas into MEDSS (electronic information system) including legacy data systems, standardized HL7 messaging, and electronic lab reporting. The MEDSS Supervisor served as the primary point of contact for healthcare entities and developers seeking information on meaningful use implementation.</p> <p>We began participation with CDC and three other sites in an evaluation of measles interventions looking at measles cases and contacts from 1/1/11-7/31/13. To date, a data collection tool has been drafted, retrospective case and contact data compiled.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,219,493.00
8. Award Number:	3U50CI000889-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The Colorado Department of Public Health and Environment (CDPHE) is a recipient of the Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Affordable Care Act (ELC-ACA) grant. The overall purpose of Colorado's participation is to: strengthen epidemiologic and laboratory capacity, improve health information systems capacity, and enhance collaboration among these key disciplines. Colorado's ELC-ACA grant includes support for the following activities: epidemiologic and laboratory surveillance and investigation for foodborne diseases; epidemiologic and laboratory surveillance for healthcare-associated infections (e.g. vancomycin intermediate (VISA) and vancomycin resistant Staphylococcus aureus (VISA/VRSA), carbapenem-resistant Enterobacteriaceae (CRE); laboratory surveillance for respiratory and vaccine-preventable diseases; expanding electronic laboratory reporting from national/regional laboratories; expanded standards-based transmission of nationally notifiable disease reports to CDC; and ensuring the quality of healthcare-associated infection surveillance data reported to the National Healthcare Safety Network (NHSN). For the current reporting period, PPHF funds have provided: epidemiologic, laboratory and IT staff critical to the administration of the ELC-ACA projects; laboratory supplies necessary for conducting surveillance activities; and contractor services vital to establishing electronic laboratory reporting throughout Colorado.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gold Bridge Partners, Inc.
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000889-02S2
4. PPHF Funding Amount:	\$37,800.00
5. Subaward Purpose:	The objective of this development effort is to improve our electronic laboratory reporting (ELR) capabilities. The Colorado Department of Public Health and Environment (CDPHE) receives daily electronic feeds from commercial and hospital-based laboratories that transmit reportable disease conditions. These files are formatted in HL7, and are transmitted securely by a variety of protocols. The vendor provides technical programming support by enhancing automation of receipt and processing of ELR files; further developing QA tools to assess validity, timeliness and completeness of the incoming files; and further refinement of an ELR dashboard to be available to staff members within the Disease Control and Environmental Epidemiology Division (DCEED) for the purpose of evaluating reporting trends and outliers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Colorado Regional Health Information Organization (CORHIO)
2. Subaward Date:	11/16/2012
3. Subaward Number:	3U50CI000889-02S2
4. PPHF Funding Amount:	\$57,689.00
5. Subaward Purpose:	The Colorado Regional Health Information Organization (CORHIO) is the state-designated entity for health information exchange (HIE) in Colorado. CORHIO receives electronic health information, including laboratory data, from hospitals and other health facilities and serves as the hub for distribution of this data to CDPHE and other healthcare providers. CDPHE is partnering with CORHIO to implement electronic laboratory reporting (ELR) in the State and encourage the adoption and meaningful use of health information technology, to improve public health disease reporting. CDPHE will receive ELR data from CORHIO on behalf of clinical laboratories to help fulfill state public health disease reporting requirements. CORHIO is working with CDPHE to utilize hospital laboratory interfaces, already being created through standard CORHIO health information exchange (HIE) implementations, to route reportable condition data electronically to public health. CORHIO is responsible for building the interface connection to public health and is also assisting hospitals in creating the appropriate ELR messages and routing all laboratory results flagged as reportable to CDPHE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Intermountain End-Stage Renal Disease Network
2. Subaward Date:	11/16/2012
3. Subaward Number:	3U50CI000889-02S2
4. PPHF Funding Amount:	\$146,125.00
5. Subaward Purpose:	The purpose of this contract is to coordinate a Colorado Dialysis Patient Education Collaborative to develop a standardized curriculum of education that includes key steps in infection prevention. The education will be designed to engage dialysis patients in their care by helping them understand how to keep a watchful eye and protect themselves. The education will focus on observation and communication methods to empower patients and provide feedback. Through this project, the contractor, Intermountain End-Stage Renal Disease Network (ImESRDN) will assist CDPHE with the development of a patient-focused toolkit containing infection prevention resources which can be used by dialysis facilities, patients, families, patient support groups, and others to enhance the patient's learning as it relates to infection prevention. Through this collaborative approach, partners will be encouraged to work together to share data, ideas and experiences in implementing the toolkit resources. Summary of how funds used through 12/31/12: <ol style="list-style-type: none"> Number of steering committee members, number of facilities invited to participate was determined. Steering committee members and the facilities were selected and recruited. Two conference calls with steering members to discuss materials for tool kit were conducted. The first 2 tool-kit modules were selected: 1. Basic Infection Control; 2. General Access Care. A standard format for each tool-kit module was developed to include: <ul style="list-style-type: none"> · Pre-Test/Post Test to measure comprehension · Patient checklist · Informational brochure · Bulletin board materials for the dialysis facility

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Wyoming Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$444,124.00
8. Award Number:	3U50CI000927-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Wyoming Department of Health (WDH) was awarded funds for the following activities:</p> <p>1) Epidemiology Capacity – Funds were awarded to maintain Wyoming’s non-categorical epidemiologist. During the reporting period, the epidemiologist was utilized to conduct disease surveillance and outbreak control. The epidemiologist also continued to work on addressing electronic surveillance data exchange. There was progress made in the area of connecting to the WDH Total Health Record to the WDH National Electronic Disease Surveillance System (NEDSS) for electronic laboratory results submission. Progress also continues in the area of Meaningful Use connections to epidemiology systems.</p> <p>2) Laboratory Capacity – Funds were awarded to maintain Wyoming’s non-categorical laboratorian to conduct vaccine-preventable and foodborne testing. Funds were also awarded for testing supplies. Wyoming experienced a significant increase in pertussis during 2012, and these funds were used to support critical PCR testing for public health disease control. The State also experienced several very large norovirus outbreaks. The laboratorian conducted critical testing of outbreak samples, and has recently been certified to conduct norovirus sequencing that will further enhance outbreak response.</p> <p>3) Healthcare Associated Infections (HAI) – Award supports a ½ FTE infection prevention coordinator whose function is to coordinate and implement HAI prevention activities within the state, facilitate the state multidisciplinary advisory group on HAIs, and help infection control practitioners utilize the CDC National HealthCare Safety Network (NHSN) reporting system. Progress continues to be made in all areas. During the reporting period the coordinator conducted monthly meeting of an infection control advisory group, including a two day in person meeting. Through December 31, 2012, progress has been made in all three areas identified above. Our state’s PPHF supported epidemiologist was critical in responding to the national fungal meningitis outbreak including participating in daily national conference calls, distributing health alerts to hospitals and private healthcare providers, and working with healthcare facilities known to have received New England Compounding Center (NECC) products. The PPHF funded laboratorian continues to make significant progress in the ability to conduct new public health testing that will help in outbreak control and prevention. Finally, PPHF funded our HAI coordinator who also assisted in the meningitis outbreak and has been instrumental in ensuring a coordinated statewide effort to reduce healthcare associated infections.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,465,682.00
8. Award Number:	3U50CI000891-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>IDPH utilizes PPHF funds to support an infection control surveillance nurse and epidemiologist to conduct surveillance of drug-resistant organisms in the community and in healthcare settings, and in responding to any related outbreak requiring their expertise. The infection control epidemiologist serves as the backup to the foodborne coordinator. The IDPH Lab operates three laboratories charged with providing testing for public health conditions. Funds are used to support testing supplies for PFGE (Pulsed field gel electrophoresis) testing used for DNA fingerprinting of 99% of reported Salmonella cases and 31% of reported Listeria cases within three workdays of receipt. These funds will expand PFGE testing to improve IDPH's abilities to cluster outbreaks and prevent further transmission of enteric diseases. These data are uploaded to the CDC's centralized system (PulseNet) for further analysis on a national level. Since 2004, state and local health department epidemiology and surveillance staff have used the web-based application I-NEDSS (Illinois' National Electronic Disease Surveillance System) to report, investigate and monitor infectious disease conditions, clusters and outbreaks. Funds support the I-NEDSS Administrator position who oversees the operations, ongoing maintenance, and enhancements of the application. Two positions (50% of the Laboratory Management System Specialists salary and 100% of the salary for the Electronic Laboratory Exchange Specialist) also support IDPH's laboratories information systems, managing the interoperability between the Public Health Laboratory and hospital laboratories for the submission of test orders and receipt of test results, and electronically messaging reportable disease results to the I-NEDSS application. Funding also partially supports the foodborne outbreak coordinator who investigates and provides consultations to local health departments on clusters of cases with common foodborne exposures or serotypes/PFGE patterns, including multi-state clusters, along with a portion of a clinical laboratory technologist that performs testing on enteric pathogens. Two lab technologists testing human arboviral specimens, including West Nile virus, and related laboratory supplies are also partially supported through PPHF. Small grants are awarded to the Illinois Department of Agriculture and the University of Illinois Lab for testing of dead birds. Local departments and abatement districts receive funding for environmental testing. These data are used to predict and analyze disease spread throughout communities in Illinois. PPHF funding also is used to support a clinical laboratory technologist conducting influenza testing at the state public health laboratory to ensure the capacity to conduct Polymerase Chain Reaction (PCR) influenza laboratory testing on specimens with epidemiological value for the presence of type A and B Influenza virus.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Medical Research Analytics and Informatics Alliance
2. Subaward Date:	01/11/2013
3. Subaward Number:	
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	<p>PPHF funds are granted to Medical Research Analytics and Informatics Alliance (MRAIA) for work with IDPH and the Illinois Office of Health Information Technology to expand Electronic Laboratory Reporting (ELR), as well as syndromic surveillance and immunization reporting, and to build the Illinois Public Health Node. MRAIA has been working on health exchange for many years, and has pioneered the translation approach that eases the file preparation requirements for hospitals. The approach was expanded in 2011 allowing hospitals to send raw data to a Public Health Node where translation occurs. (The Public Health Node is a CCHIT certified module for ELR, Immunization Records, and Syndromic Surveillance.)</p> <p>The Public Health Node, supported by MRAIA, is used as a service based set of tools and infrastructure for Health Information Exchange between providers, Health Information Exchanges (HIEs) and public health. To date, tools for electronic laboratory reporting, immunization reporting, and syndromic surveillance have been developed and are being offered to providers in Illinois. This facilitates hospital and provider reporting to public health agencies as directed by Meaningful Use Criteria as set forth in the HITECH Act. When the Illinois HIE becomes operational, public health reporting from the Illinois HIE will be facilitated through the Public health Node. Other public health indicators, such as asthma and obesity, also will benefit from this comprehensive approach to health exchange.</p> <p>The Public Health Node's serviced-based technology consists of three integration steps: a) data importation and standardization with mapping; b) knowledge-base application, with standards based rule sets and generic engines; and c) outbound messaging, configurable based on use cases. The Public Health Node provides "one stop shopping" for hospitals and eligible providers to submit data in a reliable way to public health for surveillance, e.g. by electronic implementation of surveillance definitions; assistance in setting up secure site-to-site connections such as Secure File Transfer Protocol (SFTP) or Virtual Private Network (VPN); mapping services to convert local codes to the standard codes; and forwarding of data to BioSense 2.0 state locker (syndromic surveillance), as well as to I-CARE (immunization registry) and I-NEDSS (disease surveillance).</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hektoen Institute of Medicine
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	11/26/2012
4. PPHF Funding Amount:	\$447,160.00
5. Subaward Purpose:	<p>The Illinois Department of Public Health (IDPH) Division of Patient Safety and Quality is working with Hektoen Institute to implement the Illinois Healthcare Associated Infection (HAI) Prevention State Plan. The HAI Prevention Coordinator spearheads the HAI Prevention Program within the Division of Patient Safety and Quality. The Program has a multidisciplinary HAI Prevention Advisory Council and hosts quarterly Clostridium difficile stakeholder meetings. PPHF funds have helped drive aggressive expansion of utilization of NHSN for surveillance and public reporting, supported a host of educational activities and trainings for hospitals and long term care facilities surrounding HAIs and NHSN, and dissemination of the Illinois HAI state plan through implementation of prevention programs that have earned national interest and recognition.</p> <p>Surveillance data from NHSN are publicly displayed on the Illinois Hospital Report Card and Consumer Guide to Health Care website, both individually by hospital and as statewide aggregate reports. These data are used to promote health care transparency to Illinois residents and as the basis for determining priority areas for quality improvement initiatives with provider organizations. Mandatory data collection via NHSN is currently ongoing for the following: central line-associated blood stream infections (CLABSI), surgical site infections (SSI) for coronary artery bypass graft (CABG) and total knee arthroplasty (TKA), MRSA bacteremia, and Clostridium difficile infections (CDI).</p> <p>IDPH launched the Illinois Campaign to Eliminate Clostridium difficile (ICE C. diff) in 2012 to disseminate lessons learned from a 20-hospital C. diff prevention collaborative and engage hospitals and long term care facilities (LTCFs) in implementing evidence-based C. diff infection prevention practices. Building on the success of the Campaign, IDPH has initiated the Clostridium difficile Prevention across the Continuum of Care (C. diff PACC) Collaborative, which is focused on addressing the role of safe transitions in care and prevention of HAIs by engaging clusters of acute care hospitals and long term care facilities. IDPH also partners with local chapters of the Association of Professionals in Infection Prevention (APIC) to develop training on infection prevention specific to long term care settings.</p> <p>IDPH will host an Illinois Summit on Antimicrobial Stewardship, which will convene representatives from healthcare facilities across the continuum of care including acute care hospitals, long-term care facilities, academic partners such as the Chicago CDC Prevention Epicenter, and other relevant stakeholders. The Summit will disseminate the lessons learned and tools developed from the Illinois Antimicrobial Stewardship Collaborative.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NorthShore University HealthSystems Center for Clinical & Research Informatics
2. Subaward Date:	In process
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	\$74,449.00
5. Subaward Purpose:	<p>Preliminary work by NorthShore University HealthSystems has demonstrated the feasibility of EHR-based syndromic surveillance within a health network, and suggested the possibility that practitioners may benefit from data that makes them aware of syndrome patterns in their immediate community. To this end, IDPH awarded PPHF funding to Northshore to create and evaluate 'What's Going Around?', a quality improvement tool that will provide clinicians with up-to-date Influenza-like Illness (ILI) prevalence data, at a relevant point in their workflow, that is specific to a patient's characteristics and geography (i.e., a clinical-decision support tool that is tailored to 'person, place and time'.) This tool constitutes a novel antimicrobial stewardship resource that could be implemented in many similar outpatient settings.</p> <p>This work is being completed at the NorthShore University HealthSystem ("NorthShore") Center for Clinical and Research Informatics (CCRI). NorthShore is a University of Chicago-affiliated four-hospital health system in suburban Chicagoland with more than 75 affiliated office practices and over two million encounters per year. In 2009, NorthShore was one of only two (of 5,166 ranked) healthcare organizations in North America awarded with Healthcare Information and Management Systems Society Analytics highest ranking ("Stage 7") for EHR adoption. Their Enterprise Data Warehouse (EDW) captures extensive clinical and administrative data for each patient encounter, and is updated daily. They have demonstrated that the EDW can be used to generate clinical decision support tools that can be regularly updated as new data accumulates using a 'learning system' approach. The CCRI is affiliated with a 350-clinician Practice Based Research Network with a specific interest in evaluating the impact of novel informatics tools on the quality of primary care, and has worked extensively on novel quality improvement projects such as the one proposed.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,437,194.00
8. Award Number:	3U50CI000892-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Wisconsin Department of Health Services was awarded funds to support the following disease surveillance and control activities:</p> <p>Epidemiology Capacity – 1) Multi-disease Purpose Epidemiologist continued to enhance the state’s capacity for routine infectious disease surveillance and prevention activities and has responded to unusual and urgent disease reports such as swine influenza, botulism, brucellosis and tularemia during the reporting period. 2) Invasive Bacteria Surveillance Coordinator continued to coordinate statewide surveillance, clean and analyze disease data and provide guidance to local health departments and the Wisconsin State Laboratory of Hygiene (WSLH) regarding case management and isolate submission for Neisseria meningitidis, Haemophilus influenzae, Groups A & B Streptococcus and Streptococcus pneumoniae. 3) New part-time assistant supported enhanced arboviral disease surveillance including Powassan virus reports and a surge in West Nile Virus infections. This position entered laboratory results into the Wisconsin Electronic Disease Surveillance System (WEDSS), reviewed reports for missing information, called providers for clinical symptoms and requested samples for testing at CDC. 4) New part-time assistant supported enhanced norovirus surveillance; 88 suspected viral gastroenteritis investigations were initiated during the reporting period; specimens were tested at the WSLH for 47 of 88 investigations, identifying 28 norovirus outbreaks and 2 sapovirus outbreaks; weekly reports were sent to CDC for sentinel surveillance. 5) Half-time Grant Coordinator has significantly reduced the amount of time epidemiologists spend on grant administration. 6) Milwaukee SurvNet Project continued its activities (see Subaward Information).</p> <p>Laboratory Capacity – WSLH, the state’s public health laboratory continued to enhance laboratory diagnostics (see Sub-award Information).</p> <p>Health Information Systems - Wisconsin worked with one electronic medical record vendor to test the WEDSS Electronic Health Record gateway and turned on Generic 1.0 and Varicella National Electronic Disease Surveillance System (NEDSS) messaging in Nov 2012. Both activities lead to more timely and accurate disease reporting to CDC.</p> <p>Healthcare-Associated Infections (HAI) – 1) Continued support for Program Coordinator and a Surveillance Coordinator; two HAI Advisory Committee meetings coordinated statewide HAI prevention efforts that have led to continued reductions in HAI incidence. 2) HAI staff met with local health officers and the Wisconsin Hospital Preparedness Leadership Council to initiate regional Carbapenem-Resistant Enterobacteriaceae (CRE) prevention efforts, resulting in a written CRE prevention plan.</p> <p>Funding was also approved for enhanced surveillance and laboratory testing of foodborne diseases, West Nile Virus and other arboviruses, and pertussis. These activities begin January 2013 and will be included in the next reporting period.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wisconsin State Laboratory of Hygiene
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000892-02S3
4. PPHF Funding Amount:	\$491,296.00
5. Subaward Purpose:	<p>The Wisconsin State Laboratory of Hygiene (WSLH) received contractual funds for the following activities:</p> <p>Laboratory Capacity – 1) Continued funding for a multi-use laboratorian and foodborne disease laboratorian and a microbiologist in the PFGE laboratory. These advanced-level microbiologists perform high complexity laboratory testing, training and education, and coordinate activities with clinical and public health agencies. Activities and accomplishments of the two laboratorians included: A) Presentation of information at the Wisconsin Clinical Laboratory Network regional meetings in September, 2012 on the role of clinical laboratories and local health officials in foodborne disease detection and surveillance. B) Real-time PFGE subtyping of all isolates of L. monocytogenes, Shiga toxin-producing E. coli and Salmonella resulting in the inclusion of WI cases in 17 national PulseNet clusters and multiple local clusters investigated by state epidemiologists. C) Validation and performance of the CDC Salmonella molecular serotyping assay. D) Coordination of weekly conference calls with WI Division of Public Health epidemiologists to discuss foodborne disease diagnostic and surveillance activities. E) Partnering with Dept of Agriculture, Trade and Consumer Protection to PFGE subtype foodborne disease pathogens isolated from foods. 2) New NoroSTAT funds have made it possible to provide genetic characterization of outbreak-associated norovirus from the period beginning August 1, 2012 through December 31, 2012. Two specimens from each of 23 norovirus outbreaks were genotyped during this period. Genetic sequencing data was uploaded to the CDC CaliciNET database from all of these outbreaks within one week of detection. There were a total of 7 different genotypes detected, including GII_2, GII.6C, GII.4 New Orleans, GI_3C, GI-untypable and GII.7, by the NoroSTAT program. One significant finding was the detection of a novel genotype, GII.4_Sydney, in October 2012. NoroSTAT data showed that GII.4 Sydney quickly became the predominate genotype circulating by December 2012, replacing the GII.4 New Orleans strain in Wisconsin.</p> <p>Health Information Systems – Full HL7 ELR Implementation from the LIMs of 26 Wisconsin Laboratories and 4 National Laboratories is completed. ELR Implementation is in progress for an additional 8 laboratories. Web-based Laboratory Reporting (WLR) is implemented for 23 laboratories that report <25 reportable results per month. We are currently working on converting the WLR laboratories with the most reportable results to full ELR implementation. We have facilitated the transmission of over 90,000 ELR reports during this 6 month period. Funds were used to build and maintain the system, to assist participating laboratories, and to update system and communication software.</p> <p>Funding was approved for diagnostic testing of foodborne diseases. These activities begin January 2013 and will be included in the next reporting period.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Milwaukee Health Department
2. Subaward Date:	8/22/2012
3. Subaward Number:	3U50CI000892-02S3
4. PPHF Funding Amount:	\$82,302.00

<p>5. Subaward Purpose:</p>	<p>The Wisconsin State Laboratory of Hygiene (WSLH) received contractual funds for the following activities:</p> <p>Laboratory Capacity – 1) Continued funding for a multi-use laboratorian and foodborne disease laboratorian and a microbiologist in the Pulsed-Field Gel Electrophoresis (PFGE) laboratory. These advanced-level microbiologists perform high complexity laboratory testing, training and education, and coordinate activities with clinical and public health agencies. Activities and accomplishments of the 2 laboratorians included: A) Presentation of information at the Wisconsin Clinical Laboratory Network regional meetings in Sept., 2012 on the role of clinical laboratories and local health officials in foodborne disease detection and surveillance. B) Real-time PFGE subtyping of all isolates of <i>L. monocytogenes</i>, Shiga toxin-producing <i>E. coli</i> and <i>Salmonella</i> resulting in the inclusion of WI cases in 17 national PulseNet clusters and multiple local clusters investigated by state epidemiologists. C) Validation and performance of the CDC <i>Salmonella</i> molecular serotyping assay. D) Coordination of weekly conference calls with WI Division of Public Health epidemiologists to discuss foodborne disease diagnostic and surveillance activities. E) Partnering with Dept of Agriculture, Trade and Consumer Protection to PFGE subtype foodborne disease pathogens isolated from foods. 2) New NoroSTAT funds have made it possible to provide genetic characterization of outbreak-associated norovirus from the period beginning 8/1/2012 - 12/ 31/2012. Two specimens from each of 23 norovirus outbreaks were genotyped during this period. Genetic sequencing data was uploaded to the CDC CaliciNET database from all of these outbreaks within one week of detection. There were a total of 7 different genotypes detected, including GII_2, GII_6C, GII.4 New Orleans, GI_3C, GI-untypable and GII.7, by the NoroSTAT program. One significant finding was the detection of a novel genotype, GII.4_Sydney, in Oct. 2012. NoroSTAT data showed that GII.4 Sydney quickly became the predominate genotype circulating by Dec. 2012, replacing the GII.4 New Orleans strain in Wisconsin.</p> <p>Full HL7 Electronic Laboratory Report (ELR) Implementation from the LIMs of 26 Wisconsin Laboratories and 4 National Laboratories is completed. ELR Implementation is in progress for an additional 8 laboratories. Web-based Laboratory Reporting (WLR) is implemented for 23 laboratories that report <25 reportable results per month. We are currently working on converting the WLR laboratories with the most reportable results to full ELR Implementation. We have facilitated the transmission of over 90,000 ELR reports during this 6 month period. Funds were used to build and maintain the system, to assist participating laboratories, and to update system and communication software.</p> <p>Funding was approved for diagnostic testing of foodborne diseases. These activities begin Jan. 2013 and will be included in the next reporting period.</p>
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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Missouri State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$464,474.00
8. Award Number:	3U50CI000893-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The purpose of Affordable Care Act (ACA) funding for the Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases grant was to enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local health departments. During this funding period, funds were used to strengthen existing ACA ELC programs initiated under previous awards. One existing program funded under this grant was enhancement of the ability to detect, respond to, and prevent outbreaks of infectious diseases such as influenza, West Nile virus, and food-borne illness. This was accomplished by ensuring that the Missouri Department of Health and Senior Services had sufficient numbers of trained disease investigators and laboratory staff and that there were adequate laboratory supplies and equipment to conduct testing. This program also involved implementation of electronic reporting (rather than paper copies) of laboratory results from medical providers and private laboratories to the Missouri State Public Health Laboratory (SPHL). The increased effectiveness of this reporting improved the SPHL's ability to identify the types and levels of infectious agents that affected people statewide which, in turn, enabled medical providers and local health departments to better respond to these threats. Another existing program supported by this grant was the Healthcare Associated Infections (HAI) Prevention and Control Program. The goal of this program was to prevent the transmission of infectious agents in hospitals, clinics, and other healthcare settings. This was accomplished through activities including continued support of the Missouri HAI Advisory Group, HAI prevention education for staff at facilities such as nursing homes, and surveillance of statewide HAI infections to help determine prevention strategies and to assess their effectiveness.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Missouri - Columbia
2. Subaward Date:	11/07/2012
3. Subaward Number:	3U50CI000893-02S2
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	37300 - Under this contract, the University of Missouri-Columbia, Nursing Outreach and Distance Education will update the existing Healthcare-Associated Infection (HAI) Website to include new materials, guidelines, links, and infection prevention news.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Chicago Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$341,739.00
8. Award Number:	3U50CI000894-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>1. Epidemiology Capacity - Funds from this grant were used to support a Public Health Nurse III and a Personal Computer Operator whose primary responsibilities are to improve viral hepatitis surveillance data quality and to increase capacity to monitor and control outbreaks and communicable disease cases in congregate living and healthcare settings. From 8/1/12 to 12/31/12, program staff held 5 monthly meetings to review hepatitis A and suspect acute B and C case investigations to ensure completeness and correct case classification. From 8/1/12 to 12/31/12, 3 gastrointestinal illness outbreaks in congregate living or school settings were investigated by Chicago Department of Public Health (CDPH); 2 of these sites (i.e., daycare, assisted living facility) received sites visits to provide education regarding hand hygiene and standard precautions. Staff also visited a long-term acute care hospital to investigate a cluster of Elizabethkingia meningoseptica. 2 long term care (LTC) infection control roundtable meetings were held for LTC senior staff (goal: 5 trainings during the funding period).</p> <p>2. Health Information Systems Capacity - This funding supported the salary of one epidemiologist II. Staff funded from this grant helped hospital labs develop electronic laboratory reports (ELR) streams to Illinois Department of Public Health's (IDPH) electronic disease surveillance system (I-NEDSS) by mapping Logical Observation Identifiers Names and Codes (LOINC) for 2 Chicago hospitals, completing this in 11/12. The staff also assisted stakeholders with disease mapping for ELR purposes (e.g., a network of federally qualified health centers (FQHCs) submission of electronic STI case reports to INEDSS) and assisted FQHCs with development of interfaces between electronic health records and the IDPH's immunization registry. Lastly, this staff facilitated access to Chicago's public health data for analyses by the public by preparing 19 datasets which are on the City of Chicago Data Portal.</p> <p>3. Arboviral Capacity - This funding supported the salary of an epidemiologist II responsible for analyzing human and environmental surveillance data for WestNile Virus. From 8/1/12 to 12/31/2012, this staff was able to finalize results from environmental surveillance efforts. Overall, CDPH tested 2,478 mosquito pools of which 437 (17.6%) were positive. In addition, a total of 25 birds were tested, 3 of which were positive. This staff also participated in human surveillance activities that continued into the month of October, with additional cases being reported and investigated. This staff analyzed environmental and human surveillance data, created weekly reports summarizing surveillance data and participated on weekly calls to evaluate the need for adulticide activities. For this season, 64 cases of WNV virus were reported, including 3 deaths. The median age is 55 years (range, 14-81); 33 (52%) are male. Dates of symptom onset for all cases ranged from 6/ 27 to 10/14, 2012.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,541,506.00
8. Award Number:	3U50CI000895-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>This proposal continues the range of Epidemiology & Laboratory (ELC) activities at the Michigan Department of Community Health (MDCH) funded by the Affordable Care Act (ACA) beginning in 2010. It supports core infrastructure activities in both epidemiology and laboratory infectious disease and health information systems that are not supported by state general funds. Disease surveillance and prevention activities occur state wide and are conducted within the Public Health Administration Agency of MDCH. The overall purpose of the ELC cooperative agreement program assists Michigan's public health agency by 1) strengthening epidemiologic capacity; 2) enhancing laboratory practice; 3) improving information systems and 4) developing and implementing prevention and control strategies.</p> <p>Epidemiologic support includes overall coordination of the ELC-ACA for Michigan and additionally, includes coordination of all foodborne and influenza outbreaks, as well as surveillance and reporting with other state, local and federal agencies. Activities also include coordination of all zoonotic and vectorborne disease activities at the local, state level and reporting to federal agencies.</p> <p>ELC ACA funding provides laboratory support for 2 full-time employees and supply funds for testing. Staff support covers laboratorians performing pulsed-field gel electrophoresis (PFGE) and testing for Norovirus. PFGE for approximately 500 isolates and PCR and sequencing for 17 Norovirus outbreaks was performed between August 1 and December 31. The laboratory continues to expand the use of 16s sequencing for identification and sent one Microbiologist to CDC for training in August 2012. Supply funds have been used to support 16s sequencing, pertussis extraction and PCR, PFGE for hospital acquire infections, and validation of molecular serotyping of Salmonella.</p> <p>For the Health IT subaward, the project provides technical support for enhancing and upgrading the Michigan Disease Surveillance System (MDSS) supporting technology and databases schemas.</p> <p>The Healthcare Associated Infections subaward provides staffing support for healthcare-associated infection prevention activities carried out by the MDCH. PPHF funds provide staff support for the MDCH Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit who in turn liaise with CDC Division of Healthcare Quality Promotion and coordinate The Michigan Healthcare-Associated Infection (HAI) Prevention Advisory Group meetings and teleconferences.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute
2. Subaward Date:	10/1/2012
3. Subaward Number:	3U50CI000895-02S2
4. PPHF Funding Amount:	\$482,014.00
5. Subaward Purpose:	<p>The project provides technical support for enhancing and upgrading the Michigan Disease Surveillance System (MDSS) supporting technology and databases schemas including: Creation of Benchmark Reporting Page for performance measure and grant reporting; requirements gathering for integration of the Master Patient/Person Index being developed by the state Health Information Exchange, SOM HIE, into the MDSS workflow; requirements gathering for integration of the Healthcare Provider Index being developed by SOM HIE into the MDSS workflow; requirements gathering for HL7 CDA messaging from electronic health records (EHR) systems into the MDSS; pilot process for HL7 CDA Messaging into the MDSS; Standardize date onset/referral date options on all reports; Creation of a Database Monitoring Page for MDSS admins so that MDSS staff can monitor connections, responsiveness and general health of the MDSS database; enable submitting lab information to be pulled from a centralized database rather HL7 message headers; and requirements gathering and implementation of a new Refugee Health Module in MDSS (For ELC ACA 12-13 Project with specific Refugee Health funds).</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute
2. Subaward Date:	10/1/2012
3. Subaward Number:	3U50CI000895-02S2
4. PPHF Funding Amount:	\$278,495.00
5. Subaward Purpose:	<p>PPHF funds provide staff support for the MDCH Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit who in turn liaise with CDC Division of Healthcare Quality Promotion and coordinate The Michigan Healthcare-Associated Infection (HAI) Prevention Advisory Group meetings and teleconferences. Additionally, the SHARP Unit promotes NHSN for surveillance of HAIs and continues to recruit facilities and provide technical support as well as Quarterly, Semi-annual, and Annual aggregate and Semi-annual and Annual individual facility reports. The SHARP Unit also coordinates the MDCH Methicillin-Resistant Staphylococcus aureus/Clostridium difficile (MRSA/CDI) Prevention Initiative and the Carbapenem-Resistant Enterobacteriaceae (CRE) Surveillance and Prevention Initiative; both of which partner acute care and non-acute care settings for the reduction of HAIs. SHARP Prevention Initiative staff provide training and regular data feedback reports to participating facilities.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	New York State Department of Health / Health Research Inc. - Albany Division
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,576,583.00
8. Award Number:	3U50CI000896-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The New York State Department of Health (NYSDOH) continues to: enhance outbreak investigation response, reporting and upgrading surveillance systems; create new, more efficient syndromic-based tests to expand and enhance diagnostic capacity; enhance data integration and monitor the quality of data; and implement and monitor healthcare-associated infection (HAI) prevention activities to develop, implement and evaluate best practices recommendations.</p> <p>Staff are working closely with local and federal partners to enhance outbreak investigation response, reporting and surveillance systems to identify and investigate clusters of foodborne illness. The LEAF (Laboratory, Epidemiology, Ag/Markets, Food Protection) Foodborne Disease Workgroup continues to review and study guidelines, training SOPs, data sharing, and laboratory testing for improvement opportunities. An automated signal detection system was modified for better geographical detection of clusters.</p> <p>In the laboratory, optimization for the bacterial meningitis and S. aureus panels was completed. New assays were developed for E. coli. Real-time Polymerase Chain Reaction (PCR) assays were designed for the molecular serotyping of S. pneumoniae. The lab has introduced Multi Locus VNTR Analysis (MLVA) and Whole Genome Sequence project for Salmonella Enteritidis.</p> <p>Training was conducted for Electronic Laboratory Reporting (ELR) implementation for approximately 185 state and local users. Staff are actively contributing to the development of a statewide business analysis field guide. A public health workgroup was initiated to develop a testing toolkit and provide technical assistance and training for new or modified public health information systems.</p> <p>To facilitate nationwide ELR implementation, requirements were elicited and documented and test plans developed. User acceptance testing will be completed in January 2013. The installation of enhanced data transport software was completed for 169 hospital labs. Completeness and timeliness of data is monitored monthly. A Scan statistics method was developed to detect and alert spatial-temporal cluster (potential outbreak) of six communicable diseases: Campylobacteriosis, Cryptosporiosis, Legionellosis, Pertussis, Salmonella (non-Typhi or unknown), and Shigellosis. It was tested during Hurricane Sandy.</p> <p>NYSDOH continues to collaborate with partners on HAI prevention initiatives in hospitals and long term care facilities (LTCFs). In November 2012, the Technical Advisory Workgroup agreed that Clostridium difficile infections (CDIs) are the biggest HAI problem in NYS and support plans to develop new educational tools to decrease infection rates and monitor prevention practices through the annual CDI survey. Thirty-five LTCFs are participating in 11 local collaborative groups focusing on educational intervention. An additional 63 LTCFs are supplying comparison CDI data (non-intervention facilities).</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Maine State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$720,710.00
8. Award Number:	3U50CI000897-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Prevention was awarded funds for the following activities:</p> <ol style="list-style-type: none"> 1) Epidemiology Capacity – Funds were awarded to maintain the Maine’s non-categorical infectious disease epidemiologist to support outbreak detection and responses, foodborne disease surveillance, and other disease priority areas. In addition to addressing surveillance priorities, this epidemiologist will be focusing on enhancing infectious disease informatics and evaluation of public health surveillance and interventions. 2) Laboratory Capacity – Awarded funds support and maintain existing microbiology capacity, equipment needs to increase efficiency of laboratory operations, and laboratory information system development to facilitate timely availability and reporting of laboratory results. 3) Health Information Systems Capacity – This award supports the consumption of Electronic Laboratory Reports (on the Health Level 7-HL7 2.5.1 standard) by the Maine NEDSS-based System (Maine NBS). Specifically, funds are supporting state and contract personnel that coordinate informatics activities, including a public health informatician. 4) Healthcare Associated Infections – Award supports an infection prevention coordinator whose function is to coordinate and implement HAI prevention activities within the state, facilitate the state multidisciplinary advisory group on HAIs, and implement and report on progress of the state HAI plan. 5) Vaccine Effectiveness – Award supports epidemiology and administrative personnel to perform enhanced surveillance for Meningococcal disease. 6) Foodborne Disease Surveillance – Awarded funds support epidemiology and laboratory personnel and laboratory supply needs to assure on-going surveillance and laboratory testing for food borne diseases. 7) West Nile Virus and Other Arboviral Diseases – Award supports human and animal surveillance for West Nile Virus and other arboviral diseases. <p>Through December 31, 2012, progress has been made in all seven areas identified above. Maine’s PPHF supported epidemiologist was critical in responding to a statewide increase in pertussis including developing and exercising a continuity of operations plan, distributing health alerts and surveillance updates to local health providers, and contributing to timely investigation and disease control activities. Work is also ongoing in the laboratory and we have recently completed a gap analysis for the laboratory information system. Health Information System development work continues to progress, where we recently began processing Electronic Laboratory Reports (ELR) HL7 2.5.1 messages in to the Maine NBS test system.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern Maine
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000897-02S3
4. PPHF Funding Amount:	\$68,394.00
5. Subaward Purpose:	<p>This funding amount is used to fund 86% of a full time equivalent epidemiologist in the Infectious Disease Epidemiology Program of Maine Center for Disease Control and Prevention. This is a contract position filled by University of Southern Maine. The position is currently filled by an epidemiologist with two Master degrees: a Master of Science in Pharmacology and a Master of Public Health in Epidemiology. The percentage of time devoted to different roles and responsibilities are the following:</p> <ul style="list-style-type: none"> 20% Outbreak Response and Planning 20% Notifiable Conditions Workgroup Priorities 20% Informatics Priorities 10% Epidemiologist On Call Duties 30% Disease Surveillance and Intervention Activities (Foodborne, Zoonotic, and Bioterrorism) <p>Accomplishments since award date that the epidemiologist has significantly contributed to include:</p> <ul style="list-style-type: none"> Maine CDC has recently completed a memorandum of understanding (MOU) with a Federally Qualified Health Center (FQHC) in Maine to refer those without access to medical services to this FQHC’s. This is for timely administration of prophylaxis to prevent the spread of infectious disease in scenarios where there is an urgent need for it. This MOU is now one of two currently in place in Maine to help with this need. The epidemiologist played a lead role in the creation and completion of this MOU and worked with a third party pharmaceutical distributor to set up a contract for emergency prophylaxis shipment. The Infectious Disease Epidemiology Program has retired its previous Microsoft Access outbreak database and is now using its National Electronic Disease Surveillance System (NEDSS) to track all outbreaks in diseases it monitors. A protocol was created to outline the new nomenclature and method of accurately recording the outbreak data. The epidemiologist assisted in reviewing the issues with the Access database and provided help with the format of new outbreak data collection pages. The Infectious Disease Epidemiology Program has finished an extensive Continuity of Operations Plan. This plan is designed to guide the Program during a hazard that greatly impacts the capacity to perform mission critical functions. The program performed a two week exercise of this from September 24 through October 5, 2012. The epidemiologist was the lead author of the plan and assisted in the review of the After Action Report/Improvement Report of the subsequent exercise. The Infectious Disease Epidemiology Program has implemented 12 new disease specific pages in NEDSS since 8/22/2012. This enables epidemiologists to input the needed data into the disease specific pages. There have also been 10 outbreak pages created and implemented. The epidemiologist assisted in user testing the new pages to ensure the data porting was performed correctly after implementation.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	StarLims Corporation
2. Subaward Date:	10/01/2012
3. Subaward Number:	3U50CI000897-02S3
4. PPHF Funding Amount:	\$25,640.00

5. Subaward Purpose:	Gap analysis for migration of StarLims version 9 to version 10 and enhancement of electronic testing requests and reporting.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Abilis New England
2. Subaward Date:	8/22/12
3. Subaward Number:	3U50CI000897-02S3
4. PPHF Funding Amount:	\$139,121.00
5. Subaward Purpose:	<p>The sub-recipient's work can be broken down into five distinct goals.</p> <p>The first goal is to increase public health informatics and information technology skills to support ELR implementation efforts by participating in training or creating new training opportunities. To this end the sub-recipient attended monthly webinars to become the local subject matter expert on Meaningful Use (MU) objectives and measures; acted as point person for communications with Maine's Office of the State Coordinator for Health Information Technology (HIT) who oversee Meaningful Use in the State; updated Maine CDC Meaningful Use web pages as necessary; and demonstrated the new outbreak pages to Infectious Disease epidemiologists at their monthly Epi Symposium.</p> <p>The second goal is to clearly identify and dedicate personnel resources in IT, public health informatics, surveillance, and public health laboratories for advancing ELR implementation. The sub-recipient created agendas for and conducted the biweekly Informatics Meetings to monitor and advance informatics priorities.</p> <p>The third goal is to advance national ELR implementation by improving capacity to receive, validate, process, and use incoming ELR messages in surveillance systems, including developing capacity to receive and use ELR messages based on MU standards. To this end the sub-recipient acted as liaison between Maine CDC and the State's Health Information Exchange (HealthInfoNet) including creating agendas for, and conducting, the biweekly meetings; hosted and presented at the Maine CDC/HealthInfoNet Lab User Forum attended by multiple hospital laboratorians; represented Maine CDC, by presenting and participating in, the annual seminar of the Maine chapter of the Clinical Laboratory Management Association attended by Maine hospital laboratorians; and oversaw the connection of ELR with ARUP Laboratories (Associated Regional and University Pathologists) who are now sending directly to Maine CDC's NEDSS Production database, including starting and conducting the validation of Production messages.</p> <p>The fourth goal is to participate in the ELC ELR Implementation Support and monitoring effort. To this end the sub-recipient acted as point person for interactions with the CDC's ELC ELR Implementation Monitoring process, including gathering and collating lab reporting data requested by ELC; gathered data from the Infectious Disease Epidemiology, HIV/STD/Viral Hepatitis and Lead Poisoning Prevention program areas for Quarterly ELR Implementation Monitoring calls; and attended conference calls on the ELR Technical Assistance for Maine CDC and HealthInfoNet to enhance ELR capabilities in Maine.</p> <p>The fifth goal is to upgrade and develop surveillance. To this end the sub-recipient oversaw the building, validating, and publishing of 12 new disease investigation pages and 10 new outbreak investigation pages.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Margaret Shore
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000897-02S3
4. PPHF Funding Amount:	\$93,452.00
5. Subaward Purpose:	<p>Funding was received on August 1, 2012 to support Maine HAI Prevention for one year. A summary of accomplishments during August 1, 2012 to December 31, 2012 follows:</p> <p>The HAI program is charged with validating National HealthCare Safety Network (NHSN) data for Methicillin-resistant Staphylococcus, MRSA-HAI, C. difficile, and Central line-associated bloodstream infection (CLABSI). The HAI program has reviewed 100% inpatient and emergency department MRSA positive clinical specimens. Hospitals were notified of their results and asked to correct their entries in NHSN. Results were reported to the Maine Infection Prevention Collaborative (MIPC) and their Coordinating Council. Validated data are available to the Maine Quality Forum (MQF) for public reporting. Maine is the only state to validate MRSA-HAI to date.</p> <p>The HAI program is currently validating C. difficile LabID Event on NHSN. The goal is to have all hospitals reporting LabID events and to publicly report uniform data. The HAI coordinator is offering technical assistance to all Maine acute care hospitals. The plan is to finish validation by February 2013. Every Maine hospital will have 13 months of validated data (September 1, 2011 - September 30, 2012). Data will then be publicly reported by the Maine Quality Forum.</p> <p>Validation of CLABSI 2012 data will occur through a contract with John Snow Institute (JSI) and the Maine Quality Forum during spring, 2013.</p> <p>The HAI program is preparing Dashboard reports for each hospital. Reports will include a variety of information: hand hygiene compliance, MRSA-HAI, C. difficile-LabID Event, CLABSI, CLIP, SCIP measures, healthcare worker vaccination data, CAUTI, and device utilization ratios. In 2013, SSI will be added to the report. The goal is to review regional differences in infection prevention and outcomes. Maine CDC will offer assistance to any hospital with unusual rates.</p> <p>Maine CDC is reviewing and analyzing antibiograms to determine regional antibiotic resistance. Maine CDC is also developing an information sheet regarding best prescribing practices for Urinary Tract Infections (UTIs), depending on the local antibiogram. Maine CDC is distributing an algorithm for treatment for C. difficile infection and recurrences.</p> <p>The HAI program, in collaboration with the Quality Improvement Organization (QIO), is working with four nursing homes and a local hospital to reduce C. difficile occurrences. The HAI program offers outbreak assistance and molecular lab testing in the event of an outbreak of C. difficile. Patient education brochures have been distributed and presentations made to professionals at statewide conferences.</p> <p>The HAI program continues to work with Maine Infection Prevention Collaborative (MIPC) on external hand hygiene observations at every hospital twice annually. Maine CDC continues to collect and report data on influenza vaccination among healthcare workers.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	New York City Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,551,051.00
8. Award Number:	3U50CI000899-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>To maintain and enhance its capacity to detect and respond to emerging infectious disease threats, the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is using Prevention and Public Health Funding (PPHF) through the Epidemiology and Laboratory Capacity for Infectious Diseases Program (ELC) to support ongoing critical infectious disease epidemiologic, laboratory, and health information capacity building and prevention and control strategies required to assure that NYC has the resources to rapidly detect, respond, control and prevent future emerging infectious disease threats. PPHF funds continue to support staff that provide needed infrastructure and flexibility to support our epidemiologic, laboratory, health information systems and vaccine effectiveness activities. Ongoing activities in the current budget period (August – December 2012) included:</p> <ul style="list-style-type: none"> • Epidemiology – Ongoing support for multiple communicable disease surveillance activities, including waterborne, parasitic, zoonotic, vectorborne, healthcare-associated and other infectious diseases (such as invasive meningococcal disease). • Laboratory – Ongoing provision of public health testing capacity for both routine surveillance and outbreak response in the Microbiology and Virology Sections of the Public Health Laboratory (PHL). The PHL was able to establish a new capacity for molecular serotyping of Salmonella to improve the timeliness of detecting potential foodborne outbreaks. • Health Information Systems – Continuing maintenance and enhancements of the DOHMH notifiable disease surveillance and electronic laboratory reporting systems, including the roll out of a new communicable disease surveillance and outbreak management system. • Vaccine effectiveness – Continued participation in the CDC’s project evaluating the effectiveness of the meningococcal conjugate vaccine and initiation of a new project for enhanced measles surveillance in the jurisdiction. <p>ELC PPHF funded staff also provided the capacity to recognize and respond to numerous suspected and confirmed outbreaks during the budget period, including the following: (1) respiratory and gastrointestinal clusters associated with shelters established for evacuees during Hurricane Sandy, (2) invasive meningococcal disease outbreak among men who have sex with men who report high risk sexual activities, (3) the multistate outbreak of fungal meningitis associated with contaminated steroid products produced by a compounding pharmacy in Massachusetts and (4) numerous enteric disease outbreaks, including salmonellosis associated with the sale of small turtles.</p> <p>In summary, ELC PPHF funding has helped ensure that the DOHMH has an adequate and well-trained workforce in epidemiology, laboratory and health information technology as well as the flexibility to rapidly respond to any infectious disease issues that may arise.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Nevada State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$740,389.00
8. Award Number:	3U50CI000900-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Nevada Department of Health and Human Services has been awarded funds to support capacity building activities for epidemiology, laboratory, health information systems, and Healthcare Associated Infections (HAIs). Funds are being utilized to support:</p> <ul style="list-style-type: none"> • The use of standard investigative questionnaires, data sharing tools and methods; targeted collaboration among city, county, state and federal partners; participation in multi-state outbreak investigations; and to provide assistance to local jurisdictions in the investigation of outbreaks that are large, complex or of national significance • Efforts to adapt workflows to accommodate increased volumes of Electronic Laboratory Reporting (ELR) and syndromic reporting • Evaluation of public health surveillance activities leading to quality improvement and greater use of data for public health response • Coordination between epidemiology and laboratory functions, at the state and local levels • Rapid transportation of pathogens isolated from clinical specimens to the public health laboratory; rapid determination of molecular subtype of pathogens isolated from clinical specimens and implementation of next generation of molecular methods for standard serotyping of pathogens • ELR implementation by training development and/or participation in addition to continued efforts to identify personnel resources in information technology, public health informatics, surveillance, and public health laboratories for advancing ELR implementation • Enhancing the capacity to receive ELR from labs including additional support for one or more transport methods, working with labs on standardizing vocabulary and building capacity in ELR infrastructure to test, and the successful transmission of ELR messages using CDC provided validation tools for testing message content and structure • Upgrading and enhancing the Laboratory Information Management System and establishing capacity at public health laboratory to enable sending of ELR messages • Developing integration engines along with vocabulary tools to standardize content in ELR messages. Continuing to enable surveillance information systems to consume ELR messages from labs; the use of integration engines and message implementation guides to map and transform ELR messages from their incoming formats to formats that can be processed by one of more surveillance information systems • Coordinating and implementing HAI prevention activities within the state; facilitating the state multidisciplinary advisory group on HAIs; continuing to implement and report on progress of the state HAI plan; and the coordination of activities of the HAI multidisciplinary advisory group to support prevention efforts and continue to assess the needs within the state and work to address priority needs

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southern Nevada Health District (SNHD)
2. Subaward Date:	8/22/2012 - 7/31/2013
3. Subaward Number:	3U50CI000900-02S2
4. PPHF Funding Amount:	\$160,700.00
5. Subaward Purpose:	<p>SNHD will use these funds to support electronic laboratory reporting (ELR) development and complete health information system development and exchange activities.</p> <p>Performance Measures</p> <ol style="list-style-type: none"> 1. Complete development of ELR solution including <ol style="list-style-type: none"> a. Ontology development b. Rules authoring, approval, and execution c. Consumer adapters 2. Completion of Messaging Guide 3. Conformance to Messaging Standards 4. Assess completeness of messaging data

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Nevada State Public Health Laboratory (NSPHL)
2. Subaward Date:	8/22/2012 - 7/31/2013
3. Subaward Number:	3U50CI000900-02S2
4. PPHF Funding Amount:	\$191,269.00
5. Subaward Purpose:	The NSPHL will use these funds to complete all required laboratory testing, processing, and reporting for West Nile Virus (WNV) and other arboviruses, influenza (including sentinel influenza surveillance), and foodborne illnesses (including, but not limited to E coli, Salmonella, Shigella, Campylobacter, Listeria, and, Vibrio parahaemolyticus, and Vibrio cholera).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washoe County Health District (WCHD)
2. Subaward Date:	8/22/2012 - 7/31/2013
3. Subaward Number:	3U50CI000900-02S2
4. PPHF Funding Amount:	\$136,833.00
5. Subaward Purpose:	WCHD will use these funds to complete epidemiological surveillance and investigation activities in Washoe County, Nevada, as well as support electronic laboratory reporting (ELR) development, complete health information system development and exchange activities, and improve syndromic surveillance reporting and analysis.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Alaska State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,086,386.00
8. Award Number:	3U50CI000901-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Alaska Division of Public Health, Sections of Epidemiology and Laboratories were awarded funds for the following activities:</p> <p>1) Epidemiology Capacity – Funds were awarded to maintain the Section of Epidemiology’s foodborne epidemiologist and non-categorical epidemiologist/principal investigator. The foodborne epidemiologist continues to refine data collection tools and reporting protocols for outbreaks.</p> <p>2) Laboratory Capacity – Funds support PFGE testing for foodborne pathogens and have contributed to the development of a respiratory PCR panel to enhance detection of influenza and other viral pathogens.</p> <p>3) Health Information Systems Capacity – Funds are used to support personnel that maintain the infectious diseases database into which Electronic Laboratory Reports are sent. A portion of the funds are used to support the contractor that provides upgrades and routine maintenance of the database.</p> <p>4) Healthcare Associated Infections – Funds support an infection prevention (IP) coordinator whose function is to provide technical consultation to IPs statewide; to coordinate and identify educational/training opportunities on HAI-related topics; and facilitate collaboration between partner agencies. The HAI coordinator recently became certified to provide continuing education credits, which increases the value of the training opportunities the Section of Epidemiology can offer.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Scientific Technologies Corporation (STC)
2. Subaward Date:	12/31/2012
3. Subaward Number:	3U50CI000901-02S2
4. PPHF Funding Amount:	\$70,000.00
5. Subaward Purpose:	Funds are applied to the contract with STC that provides the infectious diseases tracking database for the Section of Epidemiology. AK-STARS is the Alaska-specific version of the STC base product, Sentinel, used for core public health surveillance.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$555,587.00
8. Award Number:	3U50CI000902-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Mississippi State Department of Health (MSDH) was awarded funds for the following activities:</p> <ol style="list-style-type: none"> 1) Epidemiology Capacity – Funds were awarded to support a Medical Epidemiologist to enhance the Epidemiology Office infrastructure and to support all aspects of outbreak investigations, investigation tools, statewide epidemiology activities as well as focus on enhancing the foodborne disease surveillance and evaluation of public health interventions. 2) Laboratory Capacity – Funding supports a Laboratory Technologist and laboratory testing reagents and ancillary supplies for molecular subtyping. 3) Health Information Systems Capacity – This award supports an Epidemiologist position to assist with the coordination of electronic laboratory reports through all stakeholders from laboratories, IT and the Statewide Health Information Exchange (HIE). Specifically, funds were awarded to support integration and routing of electronic messages to MSDH. 4) Healthcare Associated Infections (HAI) – Award supports an infection prevention coordinator whose function is to coordinate and implement HAI prevention activities within the state, facilitate the state multidisciplinary advisory group on HAIs, and implement and report on progress of the state HAI plan. <p>Through December 31, 2012, progress has been made in all four areas identified above. The MSDH utilizes funds for the epidemiologist to provide statewide consultation to nine public health district health officers and staff and private healthcare providers regarding reportable diseases. Extensive time and effort has been devoted to the development and implementation for receiving Electronic Laboratory Reports (ELRs) from the MS Public Health Laboratory and external hospitals and laboratories statewide. An HAI coordinator has been hired to work closely with statewide partners to enhance HAI prevention efforts. There were no sub-contract or sub-grants for this reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Rhode Island State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$474,494.00
8. Award Number:	3U50CI000903-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The RI Department of Health uses funds awarded through the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement to support activities within the Division of Infectious Disease and Epidemiology (IDE) and the State Health Laboratory (RISHL). The vision of IDE is to conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data in order to monitor trends for public health action. We also strive to verify a threat or incident of public health concern and to characterize and manage it effectively through all phases of the incident. The RISHL supports the activities of IDE by providing relevant laboratory test data in a timely manner.</p> <p>Understanding task and resource gaps, as well as barriers and challenges, are key to planning towards building and sustaining a robust public health infrastructure in epidemiology, laboratory and informatics. Infrastructure needs include an adequately staffed and trained work force, necessary equipment, access to standards based electronic health information and an array of written plans, protocols, and evaluation processes for achieving goals in collaboration with an array of community partners.</p> <p>During the reporting period, the RI Department of Health used FY 2012 funds awarded through the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement to fund personnel and fringe to conduct surveillance activities for a number of acute infectious diseases. This funding was used primarily to pay for a Public Health Epidemiologist and a Clinical Laboratory Scientist (CLS).</p> <p>The Public Health Epidemiologist focused on foodborne diseases in the areas of outbreak detection, investigation, and response. He tracked and managed the investigation of all reported foodborne diseases. He also developed tools to document outbreaks and created surveillance summaries for publication on the RI Department of Health website. He worked with out internal partners in the Office of Food Protection and the State Health Laboratory to improve our guidelines for foodborne outbreak investigations and trained our staff on the use of these guidelines.</p> <p>The design of the Clinical Laboratory Scientist position was to train an individual in multiple lab areas to support essential surge capacity by covering routine testing. This individual trained in two areas of the laboratory during this period: Serology and Special Pathogens. She was trained in routine work in the two laboratories so she could float between the laboratories and cover routine work during emergencies, as the need arose.</p> <p>Additional funding was used during this reporting period to purchase necessary laboratory equipment and supplies.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$996,363.00
8. Award Number:	3U50CI000904-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>This award supported four activities necessary for enhancing capacities in epidemiology, laboratory and information systems for infectious diseases and Healthcare Associated Infections (HAI).</p> <p>1. Epidemiology Capacity: Department of Public Health (DPH) requested funds to partially support three administrative staff member to assist with duties to support the Epidemiology Program. The positions have been filled and activities performed include filing infectious disease reports, assisting with data entry/data management, ordering laboratory supplies, and monitoring/tracking grant expenditures. With additional emerging diseases and the threat of intentional spread, the need for disease surveillance is increasing. Since 1995, the number of infectious diseases reportable in Connecticut increased from less than 50 to greater than 75.</p> <p>2. Laboratory Capacity: Funds were awarded to support a Microbiologist position at the DPH State Lab to assist with sensitive, specific and timely testing of specimens. Funds were also awarded to support a courier service to transport specimens from the hospitals to the DPH State Lab. The Microbiologist position was filled and the employee completed certification by the CDC to perform Pulsed-Field Gel Electrophoresis (PFGE) on Salmonella isolates and to upload the data to the national data base. The courier service was secured and timely transport of specimens is now being provided between the participating hospitals and the DPH State Lab, specimen transit time has been reduced by 1.5 days and improving time for linking isolates to outbreaks.</p> <p>3. Health Information Systems Capacity: Funds were awarded to support part of an IT Analyst and an IT consultant to assist with implementation of electronic laboratory reporting. The IT Analyst position has been filled as well as the consultant position. The positions have been supporting implementation and enhancements to, electronic laboratory reporting by assisting with how information comes out of the DPH State Lab information system and into reportable disease databases used by DPH for influenza, HIV, elevated blood lead levels, hepatitis (A, B, and C).</p> <p>4. DPH requested funds to support an administrative position in the department's HAI Program and also funds to support an Antimicrobial Stewardship collaborative. The position has been filled and the employee has assisted with coordinating planning activities, grant writing and reporting, budgeting and contracts, also administrative support for the state HAI advisory committee. A contract has been executed with Qualidigm, the designated Quality Improvement Organization for Connecticut, is leading the state's first Antimicrobial Stewardship collaborative. They surveyed healthcare facilities and recruited five networks of acute and long term care facilities. A draft data validation protocol for mandatory public reporting of additional HAIs has been developed for implementation in 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Qualidigm
2. Subaward Date:	09/01/2012
3. Subaward Number:	3U50CI000904-2S2
4. PPHF Funding Amount:	\$153,545.00
5. Subaward Purpose:	<p>HAI: Qualidigm</p> <p>DPH executed a contract with Qualidigm, the Centers for Medicaid and Medicare Quality Improvement Organization in the state and a Patient Safety Organization, to take the lead in prevention collaborative development and facilitation of our first state Antimicrobial Stewardship (AS) collaborative in Connecticut. Qualidigm performed an assessment of "Communities of Care" (networks of acute and long term care facilities) in the state, using a survey tool prepared with DPH based on survey instruments used for this purpose by other states and the CDC, with edits or modifications as needed for Connecticut. Seven responses were received from the 15 Communities of Care in the state (47%). This tool assessed what facilities in the networks have existing antimicrobial stewardship programs, the key elements (e.g., formulary restrictions) in the programs, and how data can be obtained for use in an antimicrobial stewardship program if the hospital were involved in the collaborative, e.g., how pharmacy data is store and can be assessed.</p> <p>The contractor recruited five Communities of Care to join the prevention collaborative. The full-day kickoff and conclusion educational session has been developed and will be held in January 2013. It will include lectures by subject matter experts and activities, exercises employing adult-learning principles, and opportunities to share successes and best practices among participants. The kickoff session will set the tone and all participants understand the prevention collaborative goals and work plan expectations for their participation and how to get help if problems arise (to aid retention as well as assure progress).</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Alabama State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$760,470.00
8. Award Number:	3U50CI000905-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Alabama Department of Public Health (ADPH) was awarded funds for:</p> <ul style="list-style-type: none"> >Epidemiology Capacity: Funds awarded supported a Flexible Epidemiologist who analyzed and reported notifiable diseases and institutional outbreaks, trained 2 epidemiologists, and continued work towards development of a syndromic surveillance system. Staff conducted 14 Detect/Report presentations and educated 121 disease reporters. Staff met to create the process, procedures and logic to compile data for each Public Health Emergency Preparedness (PHEP) Capability 13 for integration of ELC and PHEP performance measures. Ticks were collected for identification for the tickborne pathogen sera-prevalence survey. Canine blood sample results included positives for B. burgdorferi and Rickettsia from central AL. >Laboratory Capacity: Funds supported a Flexible Laboratorian who provided guidance in the validation and implementation of influenza, respiratory virus, and Norovirus testing. The State Lab trained staff in conventional and molecular characterization techniques and continued expansion of molecular diagnostic capacity. These methods directly support epidemiological surveillance in the state. >Health Info Capacity: Funds supported a Flexible Informatician that led the development of standards-based data exchange with eligible hospitals/providers for Meaningful Use. Establishing collaborations with hospital partners has continued (74 entities registered with ADPH, 16 signed the Trading Partner Agreement, 5 are in testing phase, and 1 is deployed in production for electronic lab reporting (ELR). A survey was conducted to document hospital readiness for ELR. IT participated in the ELC ELR Implementation Support and Monitoring quarterly meeting. Logical Observation Identifiers Names and Codes (LOINC) training was conducted. Staff presented AL's approach and solutions to Meaningful Use at the NEDSS based system (NBS) Consultancy Meeting. Staff developed and maintained Rhapsody routes for 2.3.1 and 2.5.1 messages into the NBS. IT implemented the OBR splitter into production and added a HL7 2.3.1 message validator to the ELR routes. >Healthcare Associated Infections (HAI): Funds supported the State HAI Coordinator who finalized and distributed HAI prevention materials to infection preventionists statewide and all State HAI Coordinators. Staff participated in the AL Quality Assurance Foundation conference. ADPH released the State's 1st HAI public annual report based on data collected during 2011. Staff monitored NHSN activity and data to ensure facilities were in compliance with AL rules, and to assist facilities in correcting data discrepancies. Reports on infection rates for CAUTs, CLABSIs, and SSIs (for data submitted 1/1/12-6/30/12) were distributed to each hospital. 24 hospitals were identified for onsite validation visits. >Meningococcal Conjugate Vaccine: Funds were awarded for an Epidemiologist and a Microbiologist to type influenza and N.meningitides.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Louisiana State Department of Health and Hospitals, Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$360,531.00
8. Award Number:	3U50CI000916-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Epidemiology Capacity: Funds were awarded to maintain 3 epidemiology/disease surveillance positions within the Infectious Disease Epidemiology Section (IDEpi). These non-categorical epidemiology positions focused on enhancing infectious disease surveillance, monitoring data quality, evaluating public health interventions and investigating and reporting infectious disease outbreaks within Louisiana.</p> <p>Laboratory Capacity: Funds supported microbiology and Pulsed-Field Gel Electrophoresis (PFGE) testing. The PFGE lab pulsed 4 E. coli, 1 Listeria, 73 Shigella, 847 Salmonella isolates. Funds were also used to support an increasing focus on molecular methods in addition to existing microbiology.</p> <p>Health Systems Information Capacity: Sentinel (Louisiana's disease surveillance system) progress included collaboration with STC (Sentinel vendor) to implement modifications to the Sentinel COTS (commercial off-the-shelf) because of user problems identified after deployment; documentation of additional needed Sentinel modifications based on user feedback; creation of Sentinel user manuals and hands-on training of users to facilitate the transition to Sentinel; establishment of a timetable for implementation of Public Health Information Network (PHIN) messaging and automated import of electronic laboratory reports (ELR) from Alexander (Louisiana's ELR parser) to Sentinel. For CDC's ELR Implementation and Monitoring Project, revision of the method used to compile indicator data was undertaken to improve data completeness and consistency.</p> <p>Healthcare Associated Infections (HAI): Three National Healthcare Safety Network (NHSN) trainings were held from October 22 – 31, 2012 in the following cities: Metairie, Shreveport and Alexandria. Ninety infection preventionists attended the trainings, which were strategically held in the southern, central and northern regions of the State. Topics covered healthcare influenza vaccination reporting, dialysis centers, changes to definitions, missing data and alerts, and LabID event reporting. Additionally, the fall and winter state-based HAI newsletters were distributed electronically and posted to the IDEpi website. Communications were also sent to our state HAI advisory committee on pending reporting topics.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Scientific Technologies Corporation
2. Subaward Date:	8/22/2012-04/30/2013
3. Subaward Number:	3U50CI000916-02S2
4. PPHF Funding Amount:	\$121,361.00
5. Subaward Purpose:	<p>This phase of this contract is to upgrade Infectious Disease Reporting Information System (IDRIS) to allow Electronic Laboratory Reporting (ELR) to function.</p> <p>In the current cycle, IDRIS was upgraded to the next generation product called Sentinel. Electronic lab reports are currently received by STD-HIV/AIDS Program's Alexander database. In the next cycle, IDEPI will use the funds to create communication linkage between Alexander and Sentinel's ELR component, which will accept HL7 labs in real time. Enabling of the communication between Alexander and Sentinel will include configuration of the Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) tables, as well as configuration of continuous searches for new incoming labs in order to import them automatically.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$672,082.00
8. Award Number:	3U50CI000917-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>This Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) provided funding to the New Mexico Department of Health (NMDOH) for building and strengthening epidemiology, laboratory and health information systems capacity. Funds were awarded for the following specific programs and activities:</p> <p>Epidemiology Capacity - to improve and enhance outbreak investigations, including response and documentation. This includes updating and disseminating outbreak investigation protocols to all NMDOH epidemiologists and public health nurses conducting outbreak investigations, and continuing to evaluate surveillance activities to improve the data and provide a better database to support analyses related to public health issues.</p> <p>Laboratory Capacity - to support the NMDOH Scientific Laboratory Division (SLD) vital role in NMDOH infectious disease surveillance and response activities, especially in confirmation and speciation of clinical bacterial and viral isolates, pulsed field gel electrophoresis (PFGE) subtyping, food testing, and animal testing.</p> <p>Health Information Systems Capacity - to (a) enhance the informatics workforce by participating in training opportunities; (b) improve capacity to receive, validate, process and use incoming electronic laboratory reporting (ELR) messages in accordance with meaningful use standards and Public Health Information Network messaging guidelines; (c) participate in a national ELR Implementation Support and Monitoring Effort; and (d) continue to enhance reporting of specific laboratory-identified infection events to the National Healthcare Safety Network (NHSN) database for healthcare-associated infections.</p> <p>Healthcare-associated Infections (HAI) Prevention and Control Capacity - to coordinate and implement all HAI activities and prevention initiatives, provide electronic data submission support to healthcare facilities, maintain the NM HAI reporting group, recruit healthcare facilities to prevention initiatives, communicate with healthcare facilities in NM regarding both voluntary and mandatory HAI data submission, and implement an enhanced prevention project.</p> <p>Through December 31, 2012, activities continued in all four areas above. These funds supported the NM DOH ELC Epidemiologist who oversaw implementation of centralized coordination of ELC surveillance and related activities and the ELC Administrator who managed all ELC associated transactions including payroll, contracts, travel, and purchases. Funds further supported the HAI Program Manager in the above-mentioned activities and in the implementation of a pilot prevention project to decrease Clostridium difficile infection (CDI) across the spectrum of healthcare in a defined rural community. A training contract for the pilot prevention project was awarded and training began in November. The health information systems contract related to these funds was in process as of December 31, 2012.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Mexico Medical Review Association dba HealthInsight New Mexico
2. Subaward Date:	11/27/2012
3. Subaward Number:	3U50C1000917-02S3
4. PPHF Funding Amount:	\$136,950.00
5. Subaward Purpose:	The sub-contract between NMDOH and the NM statewide quality improvement organization provides for professional training--both in person and web-based--specifically related to healthcare facility Clostridium difficile infection (CDI) prevention, beginning in November 2012. These trainings provided during this reporting period included medical provider continuing medical education and antibiotic stewardship collaborative training. Trainings will continue through June 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Houston Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$481,187.00
8. Award Number:	3U50CI000918-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The City of Houston Department of Health and Human Services (HDHHS) is funded to pursue activities in alignment with the national goals to improve the epidemiological, laboratory, and health information processes and technology in public health. With the goal of enhancing the epidemiological capacity of HDHHS, during the first half of the funding period, the pulsed-field gel electrophoresis (PFGE) liaison coordinated the investigation of PFGE clusters within the southeast region of Texas and assisted the Texas Department of State Health Services (Texas DSHS) in nationwide and statewide PFGE clusters. Of the 78 clusters were pursued, noteworthy investigations included: 1) a nationwide turtle associated outbreak with three serotypes of Salmonella, in which Houston had three cases, 2) a local outbreak of Salmonella Enteritidis linked to chicken, 3) a regional outbreak of S. Newport with a local PFGE cluster also linked to chicken. In addition to the previous activity, HDHHS is collaborating with Texas Children's Hospital and local providers to enhance knowledge and provide information to drive policies regarding the administration of Tdap in pregnancy and subsequent effects on infant's pertussis-specific antibodies and the prevention of pertussis in infants less than 3 months of age. As of December 31, 2012, HDHHS has completed the final draft of the contract with Texas Children's Hospital and has put forth the contract to Houston City Council for review and approval. The enhancement of the laboratory capacity at HDHHS has been guided by efforts to strengthen and stabilized the testing of foodborne disease in the Greater Houston Area. To date, the HDHHS Bureau of Laboratory Services (BLS) has completed the validations serotyping using the BioPlex method and is performing regular testing of Salmonella isolates. In addition to the testing of Salmonella isolates, BLS has performed PFGE analysis on 704 (100%) non-duplicated samples of foodborne diseases submitted for testing. The Microbiologist II supported by this cooperative agreement is undergoing training with a certified PFGE analyst and is projected to apply for Salmonella and Shigella gel certification by January 2013.</p> <p>The goals for improving the health information capacity at HDHHS during this reporting period began with the hiring of an epidemiologist to replace the staff used to support LOINC and SNOMED mapping for the electronic laboratory reporting (ELR) at HDHHS. The HDHHS informatics team also worked with contractors for Orion Health to complete the ELR interface with the Harris Health Hospital System. In continuing its health informatics expansion, HDHHS is in the final phase of testing a bi-directional exchange of data with Texas DSHS and has initiated ELR testing for with the Gulf Coast Regional Blood Center in Houston, Texas. HDHHS staff continues to actively participate in the ELC ELR Monitoring calls and has completed the fifth stage of this process in November 2012.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	South Dakota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$652,010.00
8. Award Number:	3U50CI000919-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The South Dakota Department of Health (SDDOH) was awarded funds for the following activities:</p> <p>Laboratory Capacity – Award supports the ELC program coordinator who manages all ELC related laboratory testing, serves as liaison within SDDOH areas, prepares progress reports, grant applications and serves as member of ELC governance team. The award supports personnel and supplies for PCR and PFGE testing in the areas of foodborne disease, arboviral surveillance and influenza surveillance. The SD Public Health Laboratory (SDPHL) is continuing with implementation and configuration of its new Laboratory Information Management System (LIMS) system. Funds will be used to purchase additional licenses and system changes from Labware to meet Public Health Laboratory Interoperability Project (PHLIP) standards. The award supports the LIMS Administrator a contract position with Dakota State University. This position maintains and configures the LIMS system; ensures users are properly trained, provides technical and troubleshooting support as needed.</p> <p>Health Information Systems Capacity – This award will support the consumption of Electronic Laboratory Reports on the HL7 2.3.1 standard (with future plans to move to HL7 2.5.1) by our jurisdiction's National Electronic Disease Surveillance System (NEDSS) compatible system. Specifically, funds will support work by our vendor, Medicity, focusing on development of the DOH Hub, integration and routing electronic messages. The SDDOH and Medicity have begun working with the three other major data contributors: Avera Health, Regional Health, and SDPHL's newly implemented LIMS. Weekly meetings are held, led by the Interface Analyst, to guide the labs and their vendors through any issues or challenges that may arise. The DOH and SD Statewide Health Information Exchange are still vetting strategies in which collaboration can be achieved with reference labs and other state health departments.</p> <p>Healthcare Associated Infections (HAI) – The award supports an infection prevention coordinator whose function is to coordinate and implement HAI prevention activities within the state. The SDDOH's HAI program has been working towards data validation. At this time we have conducted internal training on National HealthCare Safety Network NHSN definitions among DOH staff. We have reviewed the NHSN data validation toolkit offered by the CDC and have agreed to utilize this format for validating 2012 Central Line-Associated Bloodstream Infection (CLABSI) data. Our facilities have been chosen and we will be scheduling data validation shortly. Staff time has been allocated to technical assistance and guidance related to a regional cluster of Carbapenem Resistant Enterobacteriaceae. Collaboration continues with stakeholders while initiating antimicrobial stewardship efforts across South Dakota's largest systems of care.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,007,603.00
8. Award Number:	3U50CI000920-03S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Georgia Department of Public Health (GDPH) was awarded funds for the following categorical activities: 1) Epidemiology Capacity – Funds were awarded to support 6 positions in epidemiology: a non-categorical epidemiologist, an outbreak coordinator, a medical entomologist, a medical epidemiologist, a non-categorical student assistant, and 0.5 FTE for an ELC Program Coordinator. These staff participate in a variety of activities to enhance epidemiology capacity in areas such as surveillance for foodborne, influenza, arboviral and vaccine preventable disease as well as outbreak investigation. 2) Laboratory Capacity – In addition to supporting laboratory supplies, these funds support an existing microbiologist and various laboratory activities such as PFGE and PCR testing. 3) Health Information Systems Capacity – This award supports the consumption of Electronic Laboratory Reports (ELR) by our NEDSS compatible system (SendSS) and the expansion of a web data entry portal which links epidemiologic/clinical data to laboratory specimens (see sub-recipient section). These funds support a SendSS Analyst (SA) and a health informatician contractor who focuses on integration and routing electronic messages (see sub-recipient section). 4) Healthcare Associated Infections(HAI) – This award supports an infection prevention coordinator whose function is to coordinate and implement HAI prevention activities, facilitate the multidisciplinary advisory group on HAIs, and implement and report on progress of the state HAI plan. 5) Enhanced Pertussis Surveillance – These funds support laboratory testing for pertussis and staff to conduct pertussis education. Through December 31, 2012, progress has been made in all areas identified above. Our ELC non-categorical epidemiologist, worked with our influenza coordinator to conduct outreach to 82 sentinel providers. She and the outbreak coordinator investigated 35 PFGE clusters and 52 confirmed outbreaks. They conducted training on the Outbreak Management System and participated in several national and state meetings/teleconferences. Our ELC Program Coordinator, serving as a liaison to the budget and accounting departments, reviewed ELC budgets monthly, participated in GDPH Grants Management training, and worked with the PI on general program planning activities. Our medical entomologist has maintained surveillance for arboviral infections, assisted by the ELC-funded student. We added HAI's to the reportable diseases list (through NHSN), and educated infection preventionists on reporting. We initiated recruitment for a CLABSI validation study and held two HAI Advisory Committee meetings. The HAI Plan subcommittee reviewed the state plan and made recommendations for updates. We also convened a subcommittee on antibiotic stewardship. Finally, we conducted a pertussis teleconference for public health staff which included a pre- and post-training knowledge assessment and disseminated pertussis educational materials.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Covendis Technologies
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000920-03S2
4. PPHF Funding Amount:	\$120,860.00
5. Subaward Purpose:	<p>The Georgia Department of Public Health (GDPH) was awarded Public Health and Prevention Fund (PPHF) monies to enhance our informatics workforce, particularly in the areas of cross-cutting informatics and electronic laboratory reporting (ELR), through a statewide contractual agreement with Covendis Technologies. Covendis provides information technology professionals for Georgia state agencies through a mandatory statewide contract. Our PPHF funding supports a PL/SQL Developer position held by Mr. Karl Soetebier. Mr. Soetebier serves as the Technical Lead for the GDPH electronic disease surveillance system and is responsible for all technical aspects of the development, implementation, and operation of our Syndromic Surveillance Program's technical infrastructure. He is involved in several other cross-cutting activities such as the integration of ELR, Vital Events and Immunization data, as well as informatics support for surveillance and case management of perinatal hepatitis B and animal bite reporting. Mr. Soetebier is an active part of GDPH's Meaningful Use preparations and serves as the designated technical contact for syndromic surveillance and ELR messaging. Through the support of this position we intend to expand ELR capacity by applying the ELR process developed for enteric conditions to hepatitis A, B and C laboratory reports. Since hepatitis represents a significant volume of the overall inbound ELR, this is a priority for our agency. Mr. Soetebier will also be making revisions to SendSS to facilitate the processing of inbound ELR and data analysis. We expect these revisions will lead to improvements in efficiency and overall data quality. Lastly, this funding will support and maintain the existing infrastructure dedicated to managing inbound ELR data through daily monitoring of inbound data feeds/interface processes to ensure timely delivery of data, processing of data, and routine assessment of data quality.</p> <p>Activities completed during the reporting period include: 1) implementation of revisions to mapping for inbound tests to better identify reported conditions, 2) revisions to case assignment process to connect the appropriate reportable disease manager with the reports he/she is responsible for, 3) integration of five meaningful use data feeds into the syndromic surveillance system, and 4) implementation of ELR processing for enteric disease reports. Work continues on the mapping of varicella data to the CDC messaging standard and gathering requirements for hepatitis ELR implementation which is slated to be completed in 1st quarter of 2013.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Common Cents Inc.
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000920-03S2
4. PPHF Funding Amount:	\$104,140.00
5. Subaward Purpose:	<p>The Georgia Department of Public Health was awarded PPHF funding to continue the expansion of the Web Data Entry Portal through a contractual agreement with Common Cents Inc. The Web Data Entry Portal (WDEP) allows health care providers to electronically enter laboratory orders and epidemiologic information at the point of collection. This facilitates the tracking of laboratory specimens by the Georgia Public Health Laboratory (GPHL) and improves the turnaround time for specimen testing. Electronic ordering will reduce errors associated with paper forms and will reduce the data entry burden on GPHL staff. This system will improve our ability to acquire pertinent patient demographic and epidemiologic information by transmitting information electronically rather than via paper. The GPHL has already secured the basic infrastructure for this project and developed the web-based application. Using this application, we conducted a pilot project at 3 DeKalb Co. locations. Funding to continue this project will allow us to develop, update, provide training, and implement this product at 20 additional locations throughout the state. After training is completed, new participants will be provided access to the web data entry portal and barcode label printers will be installed. One to two participants will be enrolled monthly. During the reporting period, the Georgia Public Health Laboratory WDEP project has demonstrated great progress. Currently there are seven facilities that submit or have been cleared to submit samples through the WDEP. Along with the current seven, GPHL is working with another Atlanta metro county to bring on an additional 8 facilities. Common Cents provides uninterrupted oversight for this project to ensure each facility has little to no downtime when submitting and retrieving their results. The GPHL recently sent invites to three hospitals to start testing and using WDEP. GPHL and Common Cents are currently working with one to start the process of implementing the WDEP. A second of the three invited hospitals has expressed interest and will be in contact with GPHL. This funding also provides for expansion of electronic laboratory reporting capacity at the GPHL through the Common Cents contract. In FY 2011 we implemented electronic messaging of influenza data through the Public Health Laboratory Interoperability Project (PHLIP). We are using current infrastructure to develop electronic messaging for pertussis and measles test results and laboratory/patient demographic information. We also plan to build additional interface capacity to transfer pertussis and measles test results to the Statewide Electronic Notifiable Disease Surveillance System and to CDC through the PHLIP project when it becomes available. Activities completed during the reporting period include: 1) HL7 has been created and placed in production for pertussis and 2) HL7 for measles has been created and waiting final testing before placed in production.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Montana State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$552,631.00
8. Award Number:	3U50CI000921-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Epidemiology: 1) Managed outbreak data and analysis, including clusters and PFGE tracking, 2) Completed three technical guidance papers (pertussis (2 publications), norovirus), and 3) Participated in public health training opportunities for local health jurisdictions. The Laboratory System Improvement (LSI) Coordinator: 1) Convened an in-person MT Laboratory Forum (MLF) meeting, a diverse group of laboratory partners working to improve the state public health laboratory system, 2) Conducted three subsequent MLF workgroup teleconferences to further the work, 3) Facilitated a clinical/public health laboratory training on quality management systems, and 4) Organized a meeting of the Northern Plains Consortium, made up of public health laboratory and epidemiology leadership from the states of MT, ND, SD, WY and ID. The Division of Laboratory Services (DLS)/Epidemiology and Laboratory Capacity (ELC) Program Coordinator: 1) Implemented new testing methods, 2) Trained staff on new methods, 3) Ensured ELC Grant Project implementation - tracking and overseeing activities, metrics and reporting.</p> <p>Laboratory Capacity Activities: 1) Maintained Pulse Field Gel Electrophoresis (PFGE) capacity for <i>Campylobacter</i> spp., 2) Implemented traditional <i>Salmonella</i> serotyping as a valuable phenotypic subtyping tool, 3) Maintained Real-time RT-PCR assays for the detection of Measles and Mumps Ribonucleic Acid (RNA), 4) Implemented molecular assay for rapid detection of toxin-producing <i>C. difficile</i>, including the Nucleosome-Associated Protein 1 (NAP1) strain, 5) Performed validation studies for the implementation of CDC's four-target pertussis assay, 6) Performed verification studies for the implementation of single-target real time PCR assays for detection of respiratory syncytial virus (RSV), Human Metapneumovirus (hMPV).</p> <p>Activity C: Health Information Systems Capacity Activities: 1) Maintained the connectivity with seven laboratories currently testing with Montana Dept. of Human Health Services (MT DPHHS) to send electronic lab reporting (ELR) for reportable conditions, 2) Engaged 2 additional laboratories in early stages of ELR engagement, 3) National Electronic Disease Surveillance System Base System (NBS) Coordinator and NBS IT Support staff completed HL7 e-learning course, and an ELR Implementation Support and Monitoring call.</p> <p>Activity D.1 Healthcare Associated Infection Activities: 1) Recruit half time HAI State Coordinator, to be shared with a half time syndromic surveillance position, 2) Contracted with the MT state Quality Improvement Organization to perform core functions and provide technical assistance for the National Healthcare Safety Network (NHSN) enrollment, data validation, and/or electronic data submission, 3) Contractor provided 2 technical assistance site visits, and 4) Convened 6 monthly conference call/webinars with hospital partners.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Arizona State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$955,058.00
8. Award Number:	3U50CI000922-02S4
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Arizona Department of Health Services receives financial support through the Prevention and Public Health Fund (PPHF) to enhance laboratory, epidemiology, health informatics, and Healthcare Associated Infections (HAI) activities in the state and has completed several key activities during the reporting period.</p> <p>Epidemiology: The ELC-funded epidemiologists provided technical assistance to local health departments on investigating and reporting diseases of public health significance. Major activities included:</p> <ul style="list-style-type: none"> • development of Rocky Mountain Spotted Fever (RMSF) protocols and response plans (such as protocols for febrile hospital transfer to ensure that doxycycline therapy is continued during patient transfer to prevent mortality and severe morbidity; household visits; a knowledge, attitudes, and practices field survey for RMSF; and development of a Statewide RMSF Response Plan for tribal lands); • Improvement to timeliness and completion rates of investigations of foodborne diseases by developing an online survey for salmonella investigations; • Participation in the meningococcal conjugate vaccine effectiveness activity <p>The Scientific Technical Specialist for the ELC Program has been involved with the oversight of several activities, including validation for a new Bordetella pertussis PCR protocol. Test validation for Shiga-toxin producing E. coli has been completed and the lab now has the capacity to identify the six most common non-O157 Shiga-toxin producing E. coli identified in the state. The laboratorian is also working to identify different mechanisms of carbapenem resistance for Enterobacteriaceae (CRE).</p> <p>Health Information Systems: The first 5 hospitals sending Electronic Laboratory Reports (ELR) messages meeting Meaningful Use requirements were brought into the production surveillance system and the system was upgraded to accept additional data elements in the Health Level 7 (HL7) v.2.5.1 ELR messages.</p> <p>Healthcare Associated Infections (HAI): HAI continued to collaborate with partner agencies and co-hosted the National HealthCare Safety Network (NHSN) training for healthcare facilities. The HAI Coordinator led the HAI Advisory Committee (HAIAC) and helped support Subcommittee activities. During this period, the HAIAC completed an infection control transfer tool to communicate infection status across the healthcare continuum. The HAIAC also researched and drafted a letter to communicate testing guidelines for Clostridium difficile in long-term care (LTC) setting and HAI marketed the Clostridium difficile toolkit. The Committee also developed an infection control business model presentation for hospital CEOs. Staff provided technical assistance on disease investigations and infection control to healthcare facilities. Topics included injection safety, a contaminated laryngoscope investigation, and infection control in a dialysis facility.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kelly Services
2. Subaward Date:	08/01/2012
3. Subaward Number:	3U50CI000922-02S4
4. PPHF Funding Amount:	\$65,570.00
5. Subaward Purpose:	<p>Due to current hiring restrictions, the Arizona Department of Health Services is not able to hire new epidemiology staff. Kelly Services recruits and provides epidemiology staff to complete activities outlined in the ELC grant application. Currently, PPHF funding is used to support Kelly staff to conduct informatics activities and to perform epidemiology activities for infectious diseases. One of the Kelly epidemiologist performs foodborne surveillance, investigation, and control activities in an effort to improve completion rates of investigations of foodborne diseases and decrease time from report to investigation of Salmonella outbreaks. The epidemiologist developed an online survey that is being piloted with two county health departments. Although enrollment has been low, the completeness of the investigation forms has improved. The foodborne epidemiologist has also established a revised process and written protocol with the county health departments to lead investigations of multi-state and multi-jurisdictional outbreaks and clusters, thereby improving Arizona's capacity to investigate in a timely and complete manner. Furthermore, the release of CDC's Palantir software for managing foodborne disease outbreaks has allowed for better detection of Salmonella clusters to go along side of aberration reports that are generated weekly.</p> <p>A second position is funded through Kelly to support informatics activities related to hospital ELR. The informatician assists with onboarding of hospitals to ELR and performs validation with hospital ELR messages to ensure that they can be processed by the public health surveillance system. Five new hospitals initiated electronic laboratory reporting during this period.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Currier McCabe (CMA)
2. Subaward Date:	09/03/2012
3. Subaward Number:	3U50CI000922-02S4
4. PPHF Funding Amount:	\$49,400.00
5. Subaward Purpose:	The contractor provides an IT staff member to conduct technical programming activities for ELR. The contractor performs IT duties required to support the ELR process including the Rhapsody down-converter, BizTalk morbidity mapping tables, and integration with surveillance systems. The contractor has been essential in updating the existing surveillance system to meet new HL7 standards for Meaningful Use and in ensuring that new hospitals are able to submit laboratory reports electronically to public health.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Republic of Palau Beureau of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$75,085.00
8. Award Number:	3U50CI000923-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Bureau of Public Health, Ministry of Health was awarded funds for the following activities:</p> <p>1) Epidemiology Capacity – No funding were awarded to address this capacity.</p> <p>2) Laboratory Capacity – Funds were awarded to help build food laboratory capacity by contracting SME to train personnel on Quality Assurance (QA), Quality Controls (QC), establishing brief ("simple-quick-to-do") laboratory manuals, and identifying new training initiatives needed for the Food Laboratory Technicians.</p> <p>3) Health Information Systems Capacity – This award provided much needed support towards capacity building in our Public Health Information System. Specifically, funds are supporting a database manager and a contractor focusing on integration and routing electronic messages.</p> <p>Through December 31, 2012, progress has been made in all three areas identified above.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Vasiti Uluiviti, PIHOA Regional Laboratory Coordinator
2. Subaward Date:	August 22-31, 2012
3. Subaward Number:	ROP Government issued funds through STIPEND under H28652-1325.
4. PPHF Funding Amount:	USD 3,000
5. Subaward Purpose:	Increase Food Laboratory Capacity – Funds were awarded to help build food laboratory capacity by contracting SME to train personnel on Quality Assurance (QA), Quality Controls (QC), establishing brief ("simple-quick-to-do") laboratory manuals, and identifying new training initiatives needed for the Food Laboratory Technicians.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Nebraska State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$577,147.00
8. Award Number:	3U50CI000924-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	Nebraska Department of Health and Human Services (NDHHS) maintained Epidemiology and Laboratory Capacity (ELC) epidemiologist employment; skill development opportunities included Council of State and Territorial Epidemiologists (CSTE) national conference, an OutbreakNET meeting, and a Minnesota Dept. of Health (MDH) site visit/training. NDHHS continued work to enhance/expand outbreak response/reporting and refine outbreak response protocol. A public-facing survey tool was piloted to collect information on foodborne complaints/illness reports; a redesigned agency website was developed to eventually host this form. To increase amount/quality/timeliness of information captured from foodborne disease cases, expanded question sets have been standardized. Employment of an MPH-candidate graduate assistant was maintained basing activities on MDH "Team Diarrhea" model; training was provided to local health dept. and Nebraska Public Health Laboratory (NPHL) staff; weekly conference calls are now conducted to collaboratively investigate/discuss cases to identify common exposures/clusters. An evaluation identified concerns with electronic lab reporting (ELR) of serotype/PFGE results from NPHL; collaborative efforts have begun to correct issues with the data which are captured in National Electronic Disease Surveillance System (NEDSS). NDHHS continued 3 critical positions (Meaningful Use (MU) Manager, Lab and Public Health Informaticians) to manage expanded surveillance activities/increasing data volumes. These staff completed an upgrade of NEDSS from version 4.1 to 4.3 with planned upgrade to 4.4. This upgrade included several Pagebuilder Templates and offered Public Health Case Reporting (PHCR). Work began to pilot rabies exposure information as a PHCR associated with rabies laboratory testing. Substantial effort has been invested in reviewing the new Pagebuilder templates to determine if modifications are needed to optimize NEDSS system usage. Work began to implement Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), an analysis tool for enhanced reporting of NEDSS and syndromic surveillance data. Informatics staff continued work to become Public Health Information Network (PHIN) certified and completed a project to message Human West Nile Virus data to CDC via NEDSS and automated processes instead of using ArboNet. New servers were purchased to replace outdated hardware to support the NEDSS. Other informatics work included testing ELR from Saint Elizabeth and Alegent hospitals and beginning their transition to Production; they also worked with 2 electronic health record vendors. One project was to modify ELR from 2 Nebraska facilities using Cerner systems, upgrading from HL7 2.3.1 to HL7 2.5.1; the second project included work with Orchard to improve their ELR reporting for Physicians Lab. All work being conducted is to ensure current enhancements and future processes will be MU compliant.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	UNIVERSITY OF NEBRASKA LINCOLN CAMPUS
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000924-02S2
4. PPHF Funding Amount:	\$104,600.00
5. Subaward Purpose:	The person assigned as the ELC Epidemiologist does the following: responds to public inquiries related to surveillance and investigative activities; designs, develops, implements, integrates, and administers state wide epidemiological surveillance systems; interprets, evaluates and analyzes surveillance data to prepare and disseminate epidemiological reports; identifies and analyzes incidents, prevalence, trends and causes of injuries and diseases; develops and/or recommends/implements intervention measures to control or prevent the spread of new or emerging infectious diseases; improves, defines, and documents the agency's outbreak response protocol; oversees development of a database to log and track all foodborne complaints or reports of alleged illness, clusters of food-related illness, injury, or intentional contamination; increases the amount and quality of investigation information captured from persons with reported cases of foodborne and other reportable communicable diseases; improves the completeness and quality of captured investigation data and reduces time from receipt of reports to completion of case interviews; expands investigation question sets for all foodborne pathogens and other disease of concern, particularly those which are vaccine preventable; engages neighboring states to explore the possibility of expanded usage of standard questionnaires regionally to facilitate synergy in the identification and investigation of cross-border clusters; increases the number of isolates of specified foodborne pathogens that are submitted to NPHL; increases and monitors the number of case and food-worker interviews to determine illness and exposure histories; stool samples obtained from cases and food workers, as well as non-ill persons interviewed to determine exposure histories, environmental health assessments, and food or environmental samples obtained; develops methods to log and track occurrence and timeliness of interventions as appropriate such as partnering with Nebraska Department of Agriculture in identifying and excluding ill or infected food handlers, inappropriate food-handling practices, issuance of advisories, and recalls of contaminated foods. Other duties include: Develop and implement syndromic surveillance systems with the goal to better enhance early detection, to identify outbreaks, and to support all-hazards situational awareness; develop reporting functions of syndromic surveillance data and reportable disease data by creating analytic programs to display results (e.g. tables, graphs, charts) including Internet-based display for ready availability for clinicians, policy makers, local health departments (LHDs), the healthcare community, the public, and other stakeholders; and expand usage and opportunities with syndromic surveillance beyond just emergency departments to include in-patient hospitalizations and tracking of a broad range of health concerns not currently monitored on a real-time basis.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,171.00
8. Award Number:	3U50CI000925-02S3
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Massachusetts Department of Public Health (MDPH) was awarded funds to strengthen and integrate capacity in MA for detecting and responding to infectious diseases and other public health threats through the activities addressed below:</p> <ol style="list-style-type: none"> 1) Epidemiology. Funds support 5 epidemiologists. Activities include outbreak investigations and active surveillance of invasive Group A strep, listeriosis, shiga-toxin producing E. coli, C. difficile infection, hemolytic uremic syndrome, viral hepatitis, and transfusion-associated (TA) infections. 2) Laboratory. Funds support supplies for Polymerase Chain Reaction (PCR) and Pulsed-Field Gel Electrophoresis (PFGE) testing, a bacteriologist to work on PCR assays for vaccine preventable diseases and another to work on salmonella serotyping and molecular methods. 3) Health Information Systems. This award helps to build capacity to accept, process, and analyze standards-based electronic messages from electronic health records and expand Electronic Laboratory Reports (ELR) and laboratory information exchange. 4) Healthcare Associated Infections (HAI). The supported infection prevention coordinator promotes implementation and coordination of statewide and national HAI-related activities, progress toward state and HHS goals and facilitates the work of the Technical Advisory Group (TAG). <p>Supported epidemiologists responded to the fungal meningitis outbreak from products which originated in MA and to the hepatitis C outbreak in NH. Statewide susceptibility data comparing individual 2011 hospital data were distributed to hospitals. Statistics on web hits and orders for educational materials were generated each month. Numerous multi-state outbreaks were investigated including peanut butter and salad greens. Data on HAI were collected and analyzed through the National HealthCare Safety Network (NHSN). Data quality reports were sent to hospitals. Two TAG meetings were planned and facilitated and the collaborative experience was presented at a Grantee's meeting. Three new cases of TA babesiosis were identified. MA performed Multi Locus VNTR Analysis (MLVA) testing on 63 outbreak isolates from other states and has completed the validation of the Luminex bead array assay for Salmonella serotyping and the validation of the immunomagnetic separation for cases of Hemolytic-uremic syndrome (HUS) without identification of the causative agent Of 431 Salmonella isolates serotyped, 37% were complete within 14 days of receipt and 76% were completed within 30 days. Epidemiologists received enhanced viral hepatitis training at the Boston Hepatitis Foundation International Summit in December. Two commercial labs and 68/72 clinical labs are certified to submit notifiable disease results via ELR and are eligible to meet the Meaningful Use (MU) requirement. Three of the remaining clinical labs are in active implementation. All certified clinical hospitals and commercial labs receive monthly quality assurance reports.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Resource Connection
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000925-02S3
4. PPHF Funding Amount:	\$99,600.00
5. Subaward Purpose:	<p>The purpose of this subaward is to provide epidemiologist contractors to work on both enhanced measles surveillance and the evaluation of meningococcal conjugate vaccine.</p> <p>Enhanced Measles Surveillance Evaluation: This is a pilot project to evaluate the role of enhanced measles surveillance after the US in 2011 saw the largest number of measles cases since 1996. An enhanced measles surveillance work-group was developed to guide this project in 8/2012. Upon receipt of award notification from CDC an epidemiologist was contracted through the Resource Connection; he started work on 10/9/2012. MDPH has developed a strategy for using the Massachusetts Virtual Epidemiological Network (MAVEN) "outbreak module" to collect data on measles contacts. A questionnaire was developed in a test environment and has been edited to ensure consistency with variables to be collected by the other funded programs. This questionnaire is now being entered into MAVEN. Similarly, a draft protocol for uploading contacts directly into MAVEN from a line list, and guide to use of MAVEN to collect the contact information in the context of a measles case/outbreak has been developed. In December the project was described to the Boston Public Health Department who agreed to provide data of interest on Boston residents for the duration of the project. The public health laboratory have been involved in the project, particularly with regard to new collection devices. MDPH is now ready to use the outbreak module and questionnaire for high suspect measles cases that involve contact notification. Retrospective case review will begin shortly and periodic meetings are held to discuss progress and next steps.</p> <p>Evaluation of Meningococcal Conjugate Vaccine: The project consists of identifying all cases of invasive meningococcal disease (IMD) and further investigating certain cases for inclusion in a case-control investigation of vaccine effectiveness. From 8/1/12-12/31/12, one case eligible for the evaluation was identified. Although the individual was confirmed with IMD prior to 8/1/12, his eligibility was not confirmed until after 8/1/12. An introduction letter and letter of consent was mailed to the case and enrollment is underway. An additional two cases of IMD were identified in this time period but neither were eligible for inclusion in the evaluation. An isolate on one of these two cases was sent to the public health laboratory for serotyping. The other individual expired while out of the country. The isolate on the enrolled individual was sent to CDC for further analysis. Epidemiologists are present on all conference calls and webinars periodically held by the CDC to discuss progress and next steps.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MA Coalition for the Prevention of Medical Errors
2. Subaward Date:	September 17, 2012
3. Subaward Number:	3U50CI000925-02S3
4. PPHF Funding Amount:	\$347,941.00
5. Subaward Purpose:	<p>The goal of the project is to decrease inappropriate use of antibiotics in long term care residents by targeting testing and treatment of urinary tract infections. Our strategy to accomplish this is to engage teams from long-term care and emergency medicine, use a train-the-trainer approach, provide training and tools to support practice change, and measure progress within a quality improvement framework. Accomplishments from 8/1/12-12/31/12 are described within each category below.</p> <p>Program Oversight and Management: A multi-stakeholder advisory committee was established and a program management team was convened.</p> <p>Program Implementation: 32 long term care facilities (LTCF) and 10 Emergency Departments (ED) were recruited. The following were developed or created: curriculum and materials to support training and practice improvement, a urine testing protocol to guide information review and decision-making in LTCFs, a Clinician Education Sheets for LTCF and Emergency Department (ED) clinicians modeled on "academic detailing" sheets, reflecting principles of behavior change and adult learning theory, and educational brochures for residents/families in LTCFs, and patient/families in hospital EDs regarding the prudent use of antibiotics. Measurement support tools were developed including an online pre-program survey of knowledge, attitudes and practice, completed by 138 participants, chart review worksheets and participant guidance for collecting data on the features of residents/patients with diagnosis of Urinary Tract Infection(UTI). excel workbooks to facilitate monthly reporting of data on features of residents / patients diagnosed with UTI, urine tests ordered, and health care-associated Clostridium diffi cile infection (HA-CDI) in long term care facilities and a brief monthly progress report. Two regional kickoff workshops for 142 participants were held with at least one participant from 30 of 32 registered LTCF and from 9 of 10 registered hospitals, and 23 provider/prescribers from participating facilities. Planning has been completed for 2 webinars to be held for LTCF and ED clinicians in January 2013. Webinars will repeat abridged version of clinical content presented at the workshops. Ongoing coaching has included "office hours" call held for participant updates and outstanding questions and the finalization of an on-going coaching support plan with the planning group</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Strategic Solutions Group
2. Subaward Date:	August 22, 2012
3. Subaward Number:	3U50CI000925-02S3
4. PPHF Funding Amount:	\$155,591.27
5. Subaward Purpose:	Strategic Solutions Group provides technical support, subject matter expertise and management of the on-boarding of clinical laboratories. They oversee technical aspects of the messaging between the electronic laboratory reporting interface and MAVEN, the MDPH web-based disease surveillance and case management system. In addition, SSG provides technical expertise for messaging NNDSS data to CDC. Electronic Laboratory Reporting metric reports required by the CDC ELR Implementation team were developed with support from SSG contractors.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,005,379.00
8. Award Number:	3U50CI000926-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Virginia Department of Health (VDH), in conjunction with the state public health laboratory, the Division of Consolidated Laboratory Services (DCLS), received funding to improve infectious disease surveillance and investigation. Activities are focused on enhancing capacity in four targeted areas: epidemiology; laboratory; health information systems (HIS); and healthcare-associated infections (HAI). Epidemiology capacity has been increased primarily through the support of (1) a nurse epidemiologist, who has developed disease control policies, procedures, and educational resources and provided disease control guidance for complex communicable disease cases and outbreaks; and (2) a reportable disease technician, who has managed procedures and protocols related to reportable disease submissions, ensuring that reports are received, entered, and referred to local health departments or other central office epidemiology divisions as appropriate. Additional achievements in this area include providing regular training events for public health staff, producing disease surveillance data reports and evaluations, and improving the timeliness and completeness of reportable disease case and outbreak reports.</p> <p>DCLS has improved laboratory capacity through enhancing diagnostic capabilities, improving the detection of vaccine preventable and other respiratory diseases; and increasing coordination with public health staff. Because DCLS is administratively separate from VDH, DCLS activities are implemented through a Memorandum of Agreement, and additional detail on laboratory activities is noted in the DCLS subaward section.</p> <p>HIS capacity has been enhanced through support of a Reportable Disease Messaging Manager. The position coordinates implementation and processing of data transmissions to support public health surveillance and epidemiology activities, including electronic laboratory reporting (ELR) of reportable diseases. Outdated manual processes for file retrieval were replaced with automated strategies, filters were created to automate delivery of reports to data systems, and files were mapped to formats needed to automate data loading. VDH is also working with Virginia's health information exchange to allow required information to flow from electronic health records to VDH through the exchange; this helps hospitals and providers receive reimbursement for implementation of electronic health records.</p> <p>HAI capacity has been improved in Virginia, primarily through the support of a Program Coordinator position. During the reporting timeframe, an infection prevention resource guide was produced for outpatient facilities. An HAI Advisory Committee Meeting was also held. The HAI program also partnered with the state's Quality Improvement Organization (VHQC) on a Clostridium difficile prevention collaborative.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Division of Consolidated Laboratory Services (DCLS)
2. Subaward Date:	09/08/2012
3. Subaward Number:	3U50CI000926-02S2
4. PPHF Funding Amount:	\$215,847.00
5. Subaward Purpose:	<p>ELC Affordability Care Act (ACA) funding has been critical to DCLS' ability to enhance laboratory capacity through the hiring of staff to provide cutting-edge infectious disease testing and improved communications, expanding laboratory diagnostics to detect additional infectious disease agents and providing a ready-state of preparedness through the support of service contracts for critical laboratory testing instrumentation. Specific enhancements to DCLS' laboratory capacity include (1) implementation of real-time pulsed-field gel electrophoresis (PFGE) subtype surveillance and result reporting for both foodborne and non-foodborne agents including non-O157 E. coli, Group A streptococcus and methicillin-resistant Staphylococcus aureus; (2) validation of rapid methods for the detection of vaccine-preventable and other respiratory diseases such as Mumps virus, Measles virus, Bordetella species other than B. pertussis and non-influenza sources of respiratory illness; (3) cross-training of ELC ACA staff to perform core-infectious disease test methods; (4) validation of sample extraction methods to improve testing efficiency and allow for the processing of increased numbers of specimens with no impact to testing turn-around time or result reporting; (5) validation of CDC methods for molecular serotyping of Salmonella species and (6) implementation of in-house real-time Norovirus sequencing of 100% of outbreak samples and result reporting to epidemiologists including the identification of our first Norovirus GI.4 Sydney strain.</p> <p>Newly-hired ELC ACA laboratory staff have been instrumental to the ability of DCLS to increase the number of laboratory personnel which are CaliciNet and PulseNet certified, update specimen submission guidelines for laboratory partners and strengthen collaborations and strengthen communications with health care, epidemiology and agriculture partners at the local, state and federal level. Examples of improved communications include the implementation of weekly multi-agency conference calls, real-time tracking of outbreak results and routine sharing of outbreak testing summary reports for foodborne, respiratory and other infectious disease outbreaks.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	CAI
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000926-02S2
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	<p>A contractor with expertise in information technology provided by CAI has helped the Virginia Department of Health receive and use data messages sent by doctors' offices, laboratories, hospitals, and health systems. Submission of these messages has increased due to the federal Meaningful Use requirements for electronic health records. VDH needs the data that are being submitted to track immunizations provided, reasons for visits to emergency departments, and laboratory reports of diseases of public health importance. The old system could not handle the volume of reports, with the result being too much down time and messages failing to come through. The CAI contractor arranged for new hardware to be put in place and rebuilt the system so it could handle the capacity. Now, doctors' offices and hospitals can report data on immunizations, hospitals can submit ED data for syndromic surveillance, and hospital and commercial laboratories can report their required public health laboratory reports through a functioning electronic data exchange. This provides public health with data needed to assure the health of Virginia residents and allows healthcare facilities to meet their Meaningful Use requirements. The need for contractor support of the system continues. This contractor continues to establish new protocols and processes to manage data from each new reporting site.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Caliper
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000926-02S2

4. PPHF Funding Amount:	\$42,883.52
5. Subaward Purpose:	<p>Caliper provided a contractor (Data Validator) to validate electronic laboratory reports (ELR) to be sure they are accurate and complete. Laboratories, including those in public health, hospital/health systems, or independently operating, are required to provide certain laboratory test results to health departments. They are increasingly interested in submitting these reports electronically, and some must do so to meet the federal Meaningful Use requirements for electronic health records. Rather than automatically accepting all the electronic reports and loading the data into public health disease surveillance systems, the Virginia Department of Health needed to verify the accuracy of the data and how the data from the laboratory system loaded into the public health system. The contractor reviews the data sent by the laboratory to check the quality and completeness of the data, whether data are in the appropriate fields, and whether correct codes were used for the data fields. The contractor compares the quality and completeness of the electronic reports with paper reports, identifies problems, and works with the laboratory to implement changes so the data can be accepted. This process continues in a customized manner for each reporting laboratory. Public health needs good data for disease surveillance and control. The electronic transmissions will improve the efficiency of laboratory reporting, but it is important for laboratories and health departments to ensure that the data being exchanged is accurate and therefore useful.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Wyoming Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$444,124.00
8. Award Number:	3U50CI000927-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Wyoming Department of Health (WDH) was awarded funds for the following activities:</p> <p>1) Epidemiology Capacity – Funds were awarded to maintain Wyoming’s non-categorical epidemiologist. During the reporting period, the epidemiologist was utilized to conduct disease surveillance and outbreak control. The epidemiologist also continued to work on addressing electronic surveillance data exchange. There was progress made in the area of connecting to the WDH Total Health Record to the WDH NEDSS for electronic laboratory results submission. Progress also continues in the area of meaningful use connections to epidemiology systems.</p> <p>2) Laboratory Capacity – Funds were awarded to maintain Wyoming’s non-categorical laboratorian to conduct vaccine-preventable and foodborne testing. Funds were also awarded for testing supplies. Wyoming experienced a significant increase in pertussis during 2012, and these funds were used to support critical PCR testing for public health disease control. The State also experienced several very large norovirus outbreaks. The laboratorian conducted critical testing of outbreak samples, and has recently been certified to conduct norovirus sequencing that will further enhance outbreak response.</p> <p>3) Healthcare Associated Infections – Award supports a ½ FTE infection prevention coordinator whose function is to coordinate and implement HAI prevention activities within the state, facilitate the state multidisciplinary advisory group on HAIs, and help infection control practitioners utilize the CDC NHSN reporting system. Progress continues to be made in all areas. During the reporting period the coordinator conducted monthly meeting of an infection control advisory group, including a two day in person meeting.</p> <p>Through December 31, 2012, progress has been made in all three areas identified above. Our state’s PPHF supported epidemiologist was critical in responding to the national fungal meningitis outbreak including participating in daily national conference calls, distributing health alerts to hospitals and private healthcare providers, and working with healthcare facilities known to have received NECC products. The PPHF funded laboratorian continues to make significant progress in the ability to conduct new public health testing that will help in outbreak control and prevention. Finally, PPHF funded our HAI coordinator who also assisted in the meningitis outbreak and has been instrumental in ensuring a coordinated statewide effort to reduce healthcare associated infections.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$746,866.00
8. Award Number:	3U50CI000928-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Vermont Department of Health (VDH) was awarded funds to support healthcare- associated infection prevention and epidemiology, laboratory and information technology capacity. Funds for epidemiology capacity include support for a 1.0 FTE Health Surveillance Epidemiologist. The person in this position is the PI for this grant and oversees the vectorborne and zoonotic disease surveillance programs. During this reporting period, the first ever human cases of Eastern equine encephalitis were reported in Vermont, and the cases of Lyme disease reached an all-time high.</p> <p>Funds support a 0.25 FTE cross-cutting epidemiologist who maintains the infectious disease outbreak database. He also assists with influenza surveillance and provides weekly updates and data summaries for sentinel providers. He provides analytical assistance to the Infectious Disease Epidemiology staff, including maintaining the Lyme disease database and conducting syndromic surveillance for tick activity.</p> <p>Funds also support a 1.0 FTE health educator. She is working on an immunization education campaign and is coordinating the VDH Get Smart educational campaign to promote the appropriate use of antibiotics. She is developing a Lyme disease education program that includes a video contest for high school students and an educational module for students in grades 3-5.</p> <p>Funding also supports a new school nurse surveillance system. Forty schools in nine districts currently participate. Each district submits weekly data on absences, visits to the nurse, Influenza-Like Illness (ILI) cases and acute gastrointestinal illness (AGI) cases. Recent efforts have focused on expanding enrollment so that all regions of the state are represented.</p> <p>These funds support a Healthcare-associated Infection (HAI) Prevention Coordinator. The Public Health Nurse in this position supports reporting of HAIs by Vermont hospitals and long-term care facilities (LTCF) to the National Healthcare Safety Network. She coordinates the Multi-Drug Resistant Organisms (MDRO) collaborative which works to prevent multi-drug resistant infections in hospitals and LTCFs.</p> <p>These funds also support Information Technology (IT) staff who provide technical support for disease surveillance. IT staff participate in the ELC Electronic Laboratory Reporting (ELR) Implementation Support and Monitoring effort, the monthly Council of State and Territorial Epidemiologists (CSTE) ELR taskforce. Three IT staff completed an online HL7 course. One of the two IT positions funded by the ACA/ELC grant has been vacant since August.</p> <p>This funding supports part of the salaries for VDH Microbiologists who continue to perform pulsed-field gel electrophoresis and the CDC real-time norovirus, Bordetella pertussis, influenza, and mumps Polymerase Chain Reaction (PCR) assays as needed. Supplies have been purchased to be used in the test procedures, including testing performed during the B. pertussis outbreak over the last several months of 2012.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Tennessee State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$414,658.00
8. Award Number:	3U50CI000929-02S4
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Activity A: Epidemiology Staff visited sites in Tennessee to conduct training in outbreak investigation coordination, procedures, and reports.</p> <p>Activity B: Laboratory Staff attended the CaliciNet meeting and the Grantee Meeting.</p> <p>Arboviral surveillance reagents, polymerase chain reaction protocol (PCR) primers and supplies were purchased to maintain critical entomological public health surveillance and response activities.</p> <p>Tennessee contracted with two universities and hired students to work on-site at the Tennessee Department of Health to conduct interviews of cases statewide, outbreak response and data entry support. Students under the new contracts will start in March 2013.</p> <p>Real-Time PCR maintenance was purchased to maintain molecular diagnostic capabilities.</p> <p>Activity C: Health Information Systems Salaries funded the following positions and activities: Administrative Services Assistant 4 was hired and assisted in managing the trading partner agreements for electronic laboratory reporting (ELR) and tracked the electronic exchange progress through the development of a trading partner database; Epidemiologist supported informatics related projects and has since resigned. The position is vacant and will be filled in 2013; Advanced Programmer Analyst 3 used Rhapsody and message subscription services (MSS) for Health Level 7 (HL7) messaging supporting electronic lab test orders/results and syndromic surveillance; Systems Programmer 2 provided support of the NEDSS Base System (NBS) and associated systems and technical support to central and regional office staff while assisting with National Electronic Disease Surveillance System (NEDSS) development, implementation, and maintenance.</p> <p>The Tennessee Department of Health has made progress in migrating and developing NBS production, staging, development, and training environments, and production and staging environments for Rhapsody to the State of Tennessee data center utilizing virtual servers.</p> <p>Activity D1A: State Healthcare Associated Infections (HAI) Prevention Infrastructure An Epidemiologist served as the HAI Coordinator. This employee ensured surveillance and prevention activities were consistent with Tennessee's action plan on healthcare associated infections. She coordinated the activities of the Multi-Disciplinary Advisory Group for HAI (MDAGHAI), and assisted in creating State reports on HAI and reports on metrics. She also participated in the Fungal Infection Outbreak Response.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Philadelphia City Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$507,767.00
8. Award Number:	3U50CI000930-02S2
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The Philadelphia Department of Public Health (PDPH) was awarded PPHF funding for the following activities which support the enhancement of epidemiology, laboratory, and health information capacity for infectious diseases.</p> <p>Enhancement of Epidemiology Capacity Capacity to support the surveillance and investigation of infectious diseases has been maintained specifically with respect to outbreaks, the alignment of case investigation forms with the electronic disease surveillance system, and the evaluation of surveillance systems. The full-time ELC Epidemiologist and part-time ELC Coordinator positions were sustained using this funding. These personnel served lead roles in outbreak investigation and reporting, coordination of a regional epidemiology workgroup, coordination of epidemiology activities with the public health laboratory, and supported all general infectious disease surveillance and investigation activities.</p> <p>Enhancement of Laboratory Capacity PDPH utilized PPHF funds to support laboratory capacity for the identification of infectious diseases by sustaining the ELC Laboratorian position and purchasing supplies for molecular test methods such as Polymerase Chain Reaction (PCR) and pulsed field gel electrophoresis (PFGE). An ELC Laboratorian position was sustained. This individual served in a lead supervisory role and enabled the continuation of PCR testing for the identification of influenza and norovirus, promoted training opportunities for laboratory staff, and participated on laboratory/epidemiology workgroups.</p> <p>Enhancement of Health Information Systems Capacity ELC funding supported the continued implementation of standards-based electronic messages in the Philadelphia electronic disease surveillance system and in the past year successfully transitioned two of the largest clinical laboratories to electronic laboratory reporting. This work was executed by two positions funded by this award: Health Informatician and Electronic Laboratory Reports (ELR) Specialist.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Management Corporation
2. Subaward Date:	08/22/2012
3. Subaward Number:	3U50CI000930-02S2
4. PPHF Funding Amount:	\$406,973.00
5. Subaward Purpose:	Funds were used to employ the following positions: ELC Epidemiologist, Health Informatician, ELR Specialist, and ELC Coordinator.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$36,023.00
8. Award Number:	3U50CK000194-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The Colorado Department of Public Health and Environment (CDPHE) has been a participating site for the CDC's Emerging Infections Program (EIP) since 2000. The Colorado EIP participates in the national network of population-based centers of excellence to assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. The EIPs have proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and a number of other infectious diseases. The EIP-PPHF supplement provided to Colorado supports the Active Bacterial Core Surveillance (ABCs) project. Colorado EIP has successfully conducted ABCs surveillance since 2000 with high quality data collection and high rates of isolate submission. Colorado ABCs has also successfully conducted ABCs special studies such as the PCV7, PCV13, and meningococcal conjugate vaccine effectiveness studies. Legionellosis surveillance and enhanced pertussis surveillance were successfully implemented in 2011. The EIP-PPHF supplement provided to Colorado has strengthened the ABCs project by providing essential personnel support for the three surveillance officers to who staff the project. Additionally, PPHF funds have supported local staff travel required to complete medical records review and laboratory visits fundamental to ABCs surveillance activities.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$68,535.00
8. Award Number:	3U50CK000195-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>EIP PPHF PCV13 / Pertussis Project Summary</p> <p>The Connecticut Department of Public Health (CT DPH) received PPHF funding to continue participation in a pneumococcal vaccine effectiveness study and support activities associated with enhanced Pertussis surveillance.</p> <p>Streptococcus pneumoniae (pneumococcus) is a common cause of meningitis, pneumonia, and blood stream infections. Each year in the U.S., approximately 4,000 children under 5 years old are diagnosed with invasive pneumococcal disease (IPD). In 2000, routine childhood vaccination began with a 7-valent pneumococcal vaccine (PCV7) and led to an 80% decrease in the number of children with IPD. However, rates of IPD caused by strains not included in PCV7 increased so in 2010 a 13-valent version of the vaccine (PCV13) was licensed to protect against 6 additional strains. An evaluation of PCV13 effectiveness is being conducted by the CDC through the Emerging Infections Program (EIP) to ensure that the vaccine performs as expected among children who receive routine vaccination. The CT DPH has participated in this effectiveness study since 2010.</p> <p>EIP PPHF funds were used to support an epidemiologist to coordinate study activities between July 1 and December 31, 2012. The PPHF funds have allowed CT to maintain a high enrollment rate that otherwise would not have been possible without dedicated staff. This epidemiologist is responsible for identifying cases (children with IPD), selecting controls (children without IPD) from state birth records for comparison, interviewing parents of case and control, obtaining vaccine histories from providers, data management, and monthly transmission of study data to CDC. Since enrollment began in 2010, 140 participants have been enrolled. Between July 1, 2012 and December 31, 2012, 6 children with IPD were identified. Of these, 4 (67%) have been enrolled along with 10 (63%) of 16 needed controls. Enrollment will continue in 2013.</p> <p>Licensure and widespread use of pertussis vaccines in the U.S. has had a major impact on the number of reported Bordetella pertussis cases with cases decreasing by more than 99% since the introduction of pertussis vaccines in the late 1940s. Despite this dramatic decrease, pertussis continues to remain endemic in the U.S. with peaks in disease every 3-5 years. Enhanced Pertussis Surveillance seeks to improve routine pertussis surveillance through more thorough case ascertainment and systematic data collection.</p> <p>One of the objectives of enhance pertussis surveillance is to determine epidemiologic and clinical characteristics of other Bordetella species and to characterize the molecular epidemiology of these other circulating strains. To meet this objective, isolates of Bordetella are collected, when available, for further lab characterization at CDC and lab results are combined with corresponding case epidemiologic data.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$201,845.00
8. Award Number:	3U50CK000196-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The objective of CDC's Emerging Infections Program (EIP) is to perform active, population-based surveillance and related studies to improve the capacity to prevent, control, and monitor the public health impact of established and emerging infectious diseases. The purpose of this Prevention and Public Health Fund Emerging Infections Program (EIP) funding is to supplement the Active Bacterial Core (ABCs) surveillance activities of the EIP. The Georgia Department of Public Health (DPH) conducts active surveillance statewide for Neisseria meningitidis, Hemophilus influenzae, and Group B. streptococci (GBS) among infants younger than 1 year of age. Active surveillance for invasive infections caused by Group A Streptococci (GAS) and Streptococcus pneumoniae is conducted in the 20-county Atlanta Metropolitan Statistical Area (MSA) through a contractor and passive surveillance and audits are conducted throughout the rest of Georgia by DPH staff. In addition to surveillance activities, Georgia EIP participates in the evaluation of pneumococcal and meningococcal vaccines. During the reporting period, we investigated 1 case of N. meningitidis, bringing our 2012 total to 9 cases. We have provided the state public health laboratory with all isolates for these cases for confirmation and identification of the serogroup. All case report forms have been completed and entered into our tracking database. DPH staff participated in monthly conference calls with CDC and other sites during the reporting period. Although the DPH ABC team does not investigate pneumococcal disease cases residing outside of the MSA, we provide support to the Emory/Atlanta Veterans Administration (VA) staff (contractors) in their surveillance and vaccine evaluation activities by providing controls and did so for 3 cases during the reporting period. In addition to the above pathogens, DPH extensively investigates all H. influenzae cases statewide, including review of vaccination history among children under age 15 years. DPH investigated 86 cases of H. influenzae during 2012. We continue to collect isolates on all cases if available to provide confirmation and serotyping. During the reporting period, we received reports of 25 cases of H. influenzae and 18 isolates were submitted to the state public health laboratory (72%). Other ABC activities ongoing include active surveillance and chart reviews for cases of invasive GBS among infants less than 1 year of age, and implementation of enhanced surveillance and follow-up of GAS among nursing home residents. The PPHF contract that supports Emory/VA ABC activities will be executed in early 2013, so these activities are not included in this report.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Oregon State Health Division
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$185,599.00
8. Award Number:	3U50CK000197-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	Of the total award, \$39,992 was for laboratory supplies for our Pertussis surveillance in the Multnomah, Washington and Clackamas Counties, Oregon; to encourage laboratory diagnosis, the Oregon State Public Health Laboratory offers courier service to transport specimens; and performs culture and PCR testing. Of this amount, \$38,957 has been spent. The remaining \$145,607 of the award is to measure efficacy of the human papillomavirus vaccine against genital warts. Of this amount, \$115,980 was awarded by contract to the Kaiser Foundation Research Institute (KFRI). The contract has been signed, and the KFRI has been working with our Emerging Infections Program (EIP) staff on a protocol for ascertaining both vaccination status and diagnoses of genital warts within its patient population. The balance of the funding is for EIP personnel and indirect charges.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kaiser Foundation Research Institute
2. Subaward Date:	October 1, 2012
3. Subaward Number:	3U50CK000197-01S1; State of Oregon Grant Agreement with Kaiser Number: 140233
4. PPHF Funding Amount:	\$115,980.00
5. Subaward Purpose:	<ol style="list-style-type: none"> 1. Submitted HPV VE study protocol to KP CHR's IRB - obtained approval on 10/6/122. 2. Conducted initial project kickoff meeting to discuss roles and deliverables (KP CHR team, CDC team and State of Oregon contact) 3. Conducted weekly internal meetings (KP CHR team) and monthly phone calls (KP CHR team, CDC team and State of Oregon contact) 4. Developed a project website (for agendas, minutes, updated study protocol etc.) and a secure file transfer website (for data) 5. Developed a draft data dictionary for stakeholder feedback Revised HPV VE study protocol

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Tennessee State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$199,883.00
8. Award Number:	3U50CK000198-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Vanderbilt University Medical Center
2. Subaward Date:	08/01/2012
3. Subaward Number:	3U50CK000198-01S1
4. PPHF Funding Amount:	\$199,883.00
5. Subaward Purpose:	<p>State of Tennessee Department of Health Prevention and Public Health Funds Epidemiology and Laboratory Capacity (ELC) Emerging Infections Program (EIP) Project Report Vanderbilt University Medical Center September 30, 2012 through December 31, 2012</p> <p>Progress Report: As recommended by CDC, we are in the process of developing better communication tools for our partners at the hospitals in the surveillance area. These tools include: updating our Bench Buddy annually, talking with laboratory personnel to understand why isolates are not available, and distributing lab specific information sheets/reports to each hospital on a quarterly basis. These reports will detail the number and percentage of isolates received for all pathogens under surveillance through the Tennessee ABCs program. In addition to isolate submission rates we hope to provide a detailed surveillance report for each organism detailing year-to-date incident rates. By the end of 2013 our goal is to have these reports to our lab partners on a quarterly basis.</p> <p>Overall Impact: Dr. Schaffner is a longstanding co-supervisor of EIS Officers assigned to Tennessee and has an equally longstanding association with the ACIP, and is the recent Past-President of the National Foundation for Infectious Diseases. The NFID just has completed a consumer survey assessing the public's knowledge of pneumococcal disease and pneumococcal vaccines. This information has been shared with Drs. Matt Moore and Carolyn Bridges of CDC.</p> <p>ABCs data have been used to track disease trends, including the decline in pneumococcal disease following the introduction of the pediatric pneumococcal conjugate vaccine. The ABCs surveillance system of pneumococcal disease in all age groups permitted the discovery and quantification of the herd effect that accompanied pediatric conjugate pneumococcal vaccination. The emergence of serogroup Y meningococcal disease also was documented.</p> <p>Isolates in 2012 were shipped to CDC lab bi-monthly and the same schedule will be adhered to in 2013. (Except S. pneumoniae isolates, which are shipped monthly). At least 85% of isolates from invasive cases will be forwarded to CDC for serotyping and other laboratory characterization.</p> <p>Vanderbilt University and Tennessee Department of Health IRB approvals have been received and are up-to-date on 100% of ABCs and all EIP studies as applicable.</p> <p>Cooperative Agreement applications and reports are submitted by the required deadlines to CDC, and 100% of grant and contract requirements are met. EIP staff from both the TDH and Vanderbilt sites meet at least monthly in-person to review project progress and ensure optimum utilization of combined resources. EIP administrative personnel ensure that each program and study is appropriately supported.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	3U50CK000199-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Award Description: The New York State Department of Health Emerging Infections Program (NYSEIP) represents a unique, integrated collaboration among the Department's Division of Epidemiology, Wadsworth Center Laboratories, the Office of Public Health, Environmental Health, Bureau of Healthcom Network Systems Management, as well as partner agencies including the Center for Community Health, University of Rochester and the New York City Department of Health and Mental Hygiene. This group of collaborators supports the NYSEIP in efforts to continue and expand active population-based surveillance activities, applied public health epidemiology and laboratory projects, and implement and evaluate prevention/intervention projects.</p> <p>Summary of Activities:</p> <ul style="list-style-type: none"> • Partnered with Bureau of Immunization on all pertussis related activities, including enhanced surveillance and special studies. • Obtained IRB approval and initiated a pertussis cocooning study. • A Master's level student was hired to assist in the identification of pertussis cases utilizing CDESS and ECLRS. • Conducted routine data edits checks using SAS on pertussis data to ensure completeness and accuracy. • Transmitted pertussis data to CDC b-monthly. • Identified pertussis isolates submitted using CLIMS. • Coordinated with WC staff to ensure all pertussis isolates received were forwarded to CDC for further testing. • Continued statewide surveillance for meningococcal VE case-control study. • Participated in all associated working groups and telephone conferences related to studies and enhanced surveillance and to identify further projects and research questions that may be of interest and provide technical expertise.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Public Health Foundation Enterprises, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$197,756.00
8. Award Number:	3U50CK000201-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>235.013.929: Evaluating the Effectiveness of 13-Valent Pneumococcal Conjugate Vaccine among Children CEIP project staff are actively participating in the monthly CDC PCV conference calls and transmittal of de-identified data. During the period of July 1, 2012- Dec 31 2012 we enrolled 4 cases (3 interviewed and 1 un-interviewed) and 30 controls. Since 2010 of the 34 enrolled cases, 15 were enrolled without an interview and 19 were enrolled with an interview. As of December 31, 2012 we have 1 case pending. A total of 100 age-matched controls have been enrolled. We continue to receive IRB approval from the US Centers for Disease Control and Prevention (CDC), the California Department of Public Health Committee for the Protection of Human Subjects (CPHS), Kaiser Permanente Northern California (KPNC) IRB committees and the University of California San Francisco (UCSF). The University of California Berkeley IRB relies on the UCSF approval.</p> <p>235.013.929: Assessing the Effectiveness of Tetravalent Meningococcal Conjugate Vaccine among Persons Aged 11-21 Years CEIP project staff send monthly reports of project updates to CDC and also participates in any discussion of the MCVE study during the monthly ABCs SO conference calls. During the period of July 1, 2012- December 31, 2012, one case was identified but was not successfully contacted for enrollment. Since the study began in May 2006, we have enrolled 5 out of 9 eligible cases with 2 matched controls for one case. Of the potential cases, two cases refused, one was unable to be contacted after 15 call attempts and one was identified after the enrollment period ended. We continue to receive IRB approval from the US Centers for Disease Control and Prevention (CDC), the California Department of Public Health Committee for the Protection of Human Subjects (CPHS), Kaiser Permanente Northern California (KPNC) IRB committees and the University of California San Francisco (UCSF). The University of California Berkeley IRB relies on the UCSF approval.</p> <p>235.013.930: Pertussis Blood Spot Study During the period of July 1, 2012 – December 31, 2012 Centers for Disease Control and Prevention and California Department of Public Health received a determination of public health practice from their respective institutional review boards for the project 'Assessing the effectiveness of maternal vaccination during pregnancy in preventing infant pertussis'. Immunization Branch project staff have submitted an application to request 504 blood spots to the Genetic Diseases Branch; this application was sent for external review. CDC laboratory has set up assays to measure maternally acquired pertussis antibody in each bloodspot including a multiplex Luminex for IgG against pertussis toxin, pertactin, filamentous hemagglutinin, and fimbrial proteins 2/3, and a functional anti-pertussis toxin activity in a pertussis toxin neutralization assay using CHO K1cells. Blood spot acquisition and testing is anticipated to occur in 2013.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$85,000.00
8. Award Number:	3U50CK000203-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The Emerging Infections Program (EIP) is a network of the Centers for Disease Control and Prevention (CDC), ten state health departments and their collaborators in local health departments, public health and clinical laboratories, healthcare facilities, academic institutions, and other federal agencies. This network conducts enhanced public health surveillance and applied public health research for the purpose of preventing and controlling emerging infectious diseases. The Maryland Department of Health and Mental Hygiene (DHMH) has been an active member of the EIP network since 1997. Through this cooperative agreement, the Maryland EIP was awarded funding to provide continued support to the Johns Hopkins University, Bloomberg School of Public Health (JHSPH), for Active Bacterial Core surveillance (ABCs) activities. During the period July 1 through December 31, a contract was executed between the DHMH and the JHSPH.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Johns Hopkins University, Bloomberg School of Public Health
2. Subaward Date:	11/15/2012
3. Subaward Number:	3U50CK000203-01S1
4. PPHF Funding Amount:	\$85,000.00
5. Subaward Purpose:	During the reporting period, the sub-recipient continued to conduct active, population-based surveillance for laboratory-confirmed, invasive disease caused by Streptococcus pneumoniae, group A Streptococcus (GAS), group B Streptococcus (GBS), Haemophilus influenzae, Neisseria meningitidis, and methicillin-resistant Staphylococcus aureus (MRSA). In addition, the sub-recipient continued to conduct case-control studies to evaluate the effectiveness of the meningococcal and pneumococcal conjugate vaccines.

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1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,000.00
8. Award Number:	3U50CK000204-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>The PI and staff participated in conference calls regarding the 13-valent pneumococcal conjugate vaccine (PCV-13) efficacy study. Staff reviewed the monthly feedback packets provided by CDC, completed monthly data uploads to CDC via secure methods, and two student workers assisted with data collection. During July 1, 2012 to December 31, 2012, we have identified 16 additional eligible cases (cumulative total of 111 eligible cases) and all have been mailed introductory materials. Of the 111 eligible cases, 84 (76%) have enrolled, 19 (17%) refused participation, and 8 (7%) are pending enrollment. Names of matched controls for each enrolled case have been obtained and introductory letters have been sent to 1,721 potential controls. Four controls will be enrolled for each case. Of the 1,721 controls contacted, 312 have been enrolled. This represents 93% (312/336) of the controls necessary to meet the four to one ratio outlined in the study protocol.</p> <p>The allotted funds, in combination with other pertussis EIP grants, funded over 800 PCR tests performed for pertussis during the second half of 2012. In addition, these funds also supported transportation of the specimens to MDH, the recruitment of 10 clinics in greater Minnesota, continued development of a PCR assay to detect <i>Bordetella holmesii</i>, and ongoing support for the laboratory component of enhanced pertussis surveillance.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Emerging Infections Programs
4. Recipient Name:	New Mexico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$235,000.00
8. Award Number:	3U50CK000205-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>This funding to the New Mexico Department of Health (NMDOH) was awarded August 1, 2012 to provide \$235,000 for specified New Mexico Emerging Infections Program (NM EIP) activities. NM EIP is a partnership between NMDOH and the University of New Mexico (UNM). The funded activities include: a) Active Bacterial Core surveillance (ABCs) which obtains population-based information about specified invasive human bacterial infections; and b) pertussis activities to conduct enhanced surveillance for persons with whooping cough and pertussis vaccination evaluation projects. During this reporting period the ABCs Principal Investigator at NMDOH oversaw surveillance activities including collecting data on infections caused by invasive bacterial pathogens of public health significance and collection of bacterial isolates for further characterization by the Centers for Disease Control and Prevention (CDC). Specific accomplishments of NM ABCs included: a) ongoing enrollment for the 13-valent pneumococcal conjugate vaccine efficacy evaluation and work toward enrollment of the first New Mexico case to be eligible for the tetravalent meningococcal vaccine effectiveness study; b) training of UNM students, one of whom completed an ABCs-related project for her masters thesis which was successfully defended in December of 2012; c) completion of a laboratory survey of all hospitals and clinical laboratories that provide service for New Mexico residents; this survey consisted of questions regarding testing practices, changing laboratory methodologies, and implementation of non-culture based testing methods for detection of bacterial pathogens. The NM EIP pertussis epidemiologist coordinated response investigations of and response to 441 confirmed and probable cases of pertussis between August and December 2012, an unprecedented number of such cases for New Mexico. He participated directly in pertussis investigations, worked with the NMDOH Pertussis Outbreak Response Team, developed media messages, added a pertussis webpage to the NMDOH internet site with information and links for both consumers and medical providers, and directly provided training for NMDOH personnel working on pertussis and presentations for providers and other stakeholders outside of NMDOH.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Houston City Health and Human Services Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$77,642.00
8. Award Number:	3U50CK000226-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	The City of Houston Department of Health and Human Services (HDHHS) is funded to pursue activities in alignment with the national goals to improve the epidemiological, laboratory, and health information processes and technology in public health. HDHHS has initiated a varicella project in collaboration with the Houston Independent School District during the 2012-2013 academic school year. Activities included training nurses, updating the school district's morbidity report form, hiring the project coordinator, submitting monthly reports to CDC and participating in monthly CDC sponsored conference calls. Thirteen suspect varicella cases were investigated and six were confirmed. The diagnosis of the remaining cases was viral syndrome. To date, no outbreak has been detected.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Philadelphia City Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$63,343.00
8. Award Number:	3U50CK000228-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>In Philadelphia, this grant has supported the salary of the School-Based Varicella Active Surveillance Data Manager. Activities conducted by the Data Manager between September 2012 and January 2012 are described below.</p> <p>Finalized participating school list. The varicella active surveillance network in Philadelphia includes 346 schools. In September 2012, surveillance was re-established in 297 schools who participated in city-wide active surveillance during the 2010-2011 academic school year and 49 other schools were newly recruited for this project.</p> <p>Introduced surveillance reporting procedures. In September 2012, the Data Manager distributed project materials at the annual School District of Philadelphia nurses' meeting and called participating schools to discuss reporting procedures. Each school received a training binder that included procedures for submitting bi-weekly reports and reporting varicella and herpes zoster cases, outbreak prevention and control guidelines, and other varicella-zoster virus (VZV)-related materials.</p> <p>Collected and monitored surveillance reports. Every 2 weeks, schools reported the presence or absence of varicella and herpes zoster by faxing or emailing case logs, responding to an email reminder or calling in. To facilitate reporting, the Data Manager sent reminders by fax and email using Stream® software. Reports received were documented in MS Access. The majority of schools have submitted reports for all periods to date (236, 68%), and 57 (16%) are only missing 1 report.</p> <p>Investigated school-related varicella and herpes zoster cases. Clinical and epidemiologic information was collected for 50 suspected school-related varicella and herpes zoster cases. Specimen collection for VZV polymerase chain reaction (PCR) testing was coordinated with healthcare providers when possible.</p> <p>Implemented control measures. Following the identification of a suspected case in a school, the Data Manager documented recommended control measures taken in the outbreak tracking database and worked with schools to determine if additional prevention steps were needed.</p> <p>Determined 2-dose varicella vaccination (VV) coverage and effectiveness. One varicella outbreak was identified in December 2012 that involved 5 students. The Data Manager obtained VV information from school records for all 195 students. Among the ill students, 2 including the index case were unvaccinated, 1 had 1-dose VV, and 2 had 2-dose VV. One case was laboratory confirmed by VZV PCR. Preliminary 2-dose VV effectiveness (2-dose VV vs. no VV) was estimated to be 99%.</p> <p>Submitted monthly reports. Since September 2012, the Data Manager has submitted monthly milestone and outbreak surveillance reports to CDC that summarize the status of surveillance activities and varicella outbreaks.</p> <p>Drafted newsletter. A newsletter with project updates (i.e., options for reporting, surveillance data summary) was drafted and will be disseminated to participating sites in January 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Management Cooperation
2. Subaward Date:	08/20/2012
3. Subaward Number:	3U50CK000228-01S1
4. PPHF Funding Amount:	\$61,343.00
5. Subaward Purpose:	Funds were used to employ full-time School-Based Varicella Active Surveillance Data Manager.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$66,645.00
8. Award Number:	3U50CK000241-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>ELC Varicella Activity: Strengthening Varicella Outbreak Surveillance in Schools Project</p> <p>Project Description: This project, funded by the Prevention and Public Health Fund, serves to strengthen varicella surveillance and outbreak detection in Georgia schools. The project requires a Georgia Department of Public Health (GDPH) surveillance coordinator to monitor varicella cases statewide, serve as a liaison between schools participating in active varicella surveillance and local health district staff, and compile monthly reports. To date GDPH has enrolled > 300 schools in 3 large metro Atlanta school districts to participate in the project. Each school district has a nursing supervisor who oversees "cluster" nurses, each responsible for 6-12 schools. Students with rash illness consistent with varicella are referred to a physician for diagnosis. All cases of varicella in students confirmed by a physician are reported through the cluster nurses to the nurse supervisor. The nurse supervisor enters varicella cases into a database, which includes information such as vaccine history and severity/duration of illness, but excludes identifiers. This information is reported to the surveillance coordinator monthly. Additionally, each varicella case is captured in the State Electronic Notifiable Disease Surveillance System. Cases are cross-referenced between the two databases monthly for accuracy. The surveillance coordinator monitors case numbers to identify possible outbreaks (>3 cases within 21 days). A varicella outbreak worksheet and a project milestone report are sent to the CDC project coordinator monthly.</p> <p>Activities Summary: 8/1/12 to 8/31/12: Job position posted for GDPH Varicella Surveillance Coordinator. Three metropolitan school districts (over 300 schools) recruited for study. Project requirements were reviewed, as well as the need to obtain varicella vaccination coverage on students if an outbreak is identified. Privacy guidelines were discussed as were efforts to protect identifying information on all varicella cases/outbreaks. Monthly milestone and outbreak worksheets sent to CDC. A CDC site visit was held at GDPH on 8/14/12. 9/1/12 to 10/14/12: Interviews conducted for the Surveillance Coordinator position, and a candidate selected. A commitment was obtained from study nurses and district health epidemiologists to participate in this project and a detailed work plan was developed. Monthly milestone and outbreak worksheets sent to CDC. DPH participated in monthly conference call with CDC on 9/4/12. 10/15/12 – 12/31/12: Varicella Surveillance Coordinator started on 11/16/12. Electronic tool for collecting data drafted and piloted. Active surveillance began on 11/1/12. DPH participated in conference calls with CDC on 10/22/12 and 12/10/12. Monthly milestone and outbreak worksheets sent to CDC. A conference call between the DPH team, school nurse supervisors and district health department epidemiologists was held on 11/8/12.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$49,535.00
8. Award Number:	3U50CK000259-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>For the ELC PPHF-funded varicella activity, we are expected to strengthen our surveillance in schools in order to detect more outbreaks for further study. One task, which is now complete, was to select at least 300 schools in the state for active surveillance. The design of the surveillance was left up to the participants. We recruited 436 schools by sending out an e-mail which was targeted at district and school nurses, asking for their participation. Those schools receive a monthly reminder by e-mail, asking them if they've had any cases of varicella reported, and if so, if they've reported them to us. If they haven't reported we send them a form for that purpose. We calculate the percentage of schools that respond each month. Although no target number was required by the grant, we aim for 90% participation. If necessary, we contact schools that have not yet responded in order to reach the goal.</p> <p>If there is a school outbreak involving more than 5 cases in a 2-month period, we compile the pre-outbreak immunization rates at the school. In most cases, the school nurses will be responsible for supplying the numbers of students who have protection (two doses or a history of varicella disease), partial protection (one dose of vaccine and no history of varicella disease), and no protection (no dose, no history of varicella disease). We assist the schools with their questions about this process, and follow up if the results that send us have missing or inconsistent data.</p> <p>We also study the outbreak itself, enumerating cases, rash onset dates, severity, vaccination history, and other relevant factors. In an outbreak situation, we will do follow-up for cases. We also obtain specimens from several cases in an outbreak situation, if possible, and send them to CDC to confirm the outbreak. One of our aims is to evaluate the efficacy of two doses of vaccine versus one dose in preventing disease in outbreak situations. We have also been asked to present one outbreak at a national conference in June, because it was relatively large (31 cases) and had a relatively high proportion of students who were not immunized. This will involve analyzing the data and producing graphs and other visual aids to help attendees understand the dynamics of the outbreak.</p> <p>On a day-to-day level, we receive and process individual case reports of varicella from schools, and interview parents and guardians by telephone regarding details of the cases. These are entered in a database and are monitored for outbreaks (more than 5 reports received from the same school in a 2-month period). We also report the number of non-outbreak-related cases we receive each month, both from enrolled schools and from other Minnesota schools not participating in the active surveillance. This helps the CDC to understand the overall amount of varicella activity in the state.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Maine State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$39,287.00
8. Award Number:	3U50CK000269-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Varicella is a notifiable disease in Maine. School nurses report the majority of all varicella cases in Maine. One dose of varicella vaccine is required in Maine for school enrollment. Maine performs on-going varicella surveillance to detect and control outbreaks of varicella in school settings.</p> <p>In 2010, 247 varicella cases were reported in Maine for a rate of 18.8 cases per 100,000 population, compared to the US rate of 5.0 cases per 100,000 population. In 2010, 89% of varicella cases were clinically diagnosed. In 2011, 226 varicella cases were reported in Maine for a rate of 17.0 cases per 100,000 population, compared to the US rate of 5.0 cases per 100,000 population. In 2011, 91% of varicella cases were clinically diagnosed.</p> <p>Maine's activities during the reporting period focused on the goal of strengthening varicella outbreak surveillance detection and response in schools in order to evaluate vaccine impact and vaccine effectiveness. Activities conducted during July – December 2012 included:</p> <ul style="list-style-type: none"> • Utilized state-based varicella reporting systems to monitor varicella cases and outbreaks in schools statewide; • Developed information for schools statewide on procedures for outbreak identification and reporting; • Conducted varicella outbreak surveillance and performed analyses to monitor the number of outbreaks; type of school (elementary, middle, or high school) involved in each outbreak; number of cases in each outbreak; age group of outbreak-associated cases; vaccination status of outbreak-associated cases; severity of varicella disease (categorized by the estimated number of lesions) of outbreak-associated cases; and laboratory-confirmation among outbreak-associated cases; and • Updated the State electronic database for storing and accessing varicella case and outbreak surveillance information.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity (ELC/EIP)
3. Award Title:	Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases: Program Components
4. Recipient Name:	Texas Department of State Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$121,800.00
8. Award Number:	3U50CK000272-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Funds made available through the Program Components announcement assisted the Texas Department of State Health Services (Department) in improving rotavirus surveillance and vaccine efficacy determination by contracting with the Texas Children's Hospital (TCH) in Houston, TX. TCH is a 582 bed full-care pediatric hospital located in the Texas Medical Center, a facility that provides acute care as well as specialized tertiary care. Texas Children's Hospital emergency department (ED) treats more than 82,000 patients each year. Based on National Center for Health Statistics data, the TCH catchment area has a population of 493,815 children below 5 years of age. Since 2007, TCH has been conducting active rotavirus surveillance in the ED and inpatient floors.</p> <p>Specific aims of the project:</p> <ol style="list-style-type: none"> 1) Determine hospitalization and ED burden of acute gastroenteritis (AGE), particularly due to rotavirus and norovirus infections, and to characterize the clinical and epidemiologic factors of subjects having AGE infections through active surveillance. 2) Compare healthy controls not having AGE symptoms to enrolled subjects having AGE in these clinical settings. <p>Project totals for 2011-2012 season: Inpatient: 121 eligible, 101 enrolled, 92 stool specimens collected, 92 tested, 10 rotavirus positive (+1 additional visual positive), 55 blood specimens collected ED: 974 eligible, 765 enrolled, 625 stool specimens collected, 625 tested, 41 rotavirus positive (+9 additional visual positive), 173 blood specimens collected Healthy Control: 590 eligible, 353 enrolled, 283 stool specimens collected, 283 tested, 0 rotavirus positive (+3 additional visual positive)</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Texas Children's Hospital
2. Subaward Date:	07/01/2012
3. Subaward Number:	3U50CK000272-01S1
4. PPHF Funding Amount:	\$121,800.00
5. Subaward Purpose:	<p>The Texas Department of State Health Services (Department) contracted with the Texas Children's Hospital (TCH) in Houston, TX to:</p> <ol style="list-style-type: none"> 1) Determine hospitalization and ED burden of acute gastroenteritis (AGE), particularly due to rotavirus and norovirus infections, and to characterize the clinical and epidemiologic factors of subjects having AGE infections through active surveillance. 2) Compare healthy controls not having AGE symptoms to enrolled subjects having AGE in these clinical settings. <p>Project totals for 2011-2012 season: Inpatient: 121 eligible, 101 enrolled, 92 stool specimens collected, 92 tested, 10 rotavirus positive (+1 additional visual positive), 55 blood specimens collected ED: 974 eligible, 765 enrolled, 625 stool specimens collected, 625 tested, 41 rotavirus positive (+9 additional visual positive), 173 blood specimens collected Healthy Control: 590 eligible, 353 enrolled, 283 stool specimens collected, 283 tested, 0 rotavirus positive (+3 additional visual positive)</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Epidemiology and Laboratory Capacity
3. Award Title:	Building Epidemiology Laboratory Capacity (ELC)
4. Recipient Name:	Public Health Foundation Enterprises Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,205,865.00
8. Award Number:	6U50CI000915-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.521
11. Summary of Activities:	<p>Activity A: The Foodborne Outbreak Surveillance Project hired staff to fill the remaining two open positions and continued assessment of state and local capacity gaps and training needs for foodborne outbreaks in the Bay Area and Central Valley Regions. California convened education meetings with regional working groups on Council to Improve Foodborne Outbreak Response (CIFOR) tools and data collection standardization.</p> <p>Activity B: 1) Foodborne Lab Surveillance Project maintains staffing to conduct PFGE testing and continues to implement measures to improve timeliness of pulsed field gel electrophoresis (PFGE) reporting in support of foodborne disease surveillance and began full implementation of Multiple-Locus Variable number tandem repeat Analysis (MLVA) subtyping of all E. coli O157:H7 isolates and select Salmonella isolates. 2) The Enhanced Viral and Rickettsial Lab Capacity Project (A new project) hired laboratorians into the program to begin activities to expand capacity for reliable laboratory diagnostics and support of surveillance for vaccine-preventable diseases, zoonotic and vectorborne viruses and rickettsia, and severe respiratory and neurologic threats. One staff functions as a laboratory liaison to ensure epidemiology and laboratory collaboration.</p> <p>Activity C: The Electronic Laboratory Reporting (ELR) was implemented in a testing environment with two commercial labs sending live data and one other configuring system to send live data; Successfully transmitted and received 50,000 ELR messages.</p> <p>Activity D: 1) The Healthcare Associated Infections (HAI) Program D.1.A- the Project Coordinator developed an update of the state HAI prevention plan to guide 2012/2013 activities and provided oversight for the Program and the implementation of National HealthCare Safety Network (NHSN) data validation. 2) HAI D.1.B - Expanded current outreach and educational activities to additional hospitals and long term care facilities for C difficile, central line- associated bloodstream infection (CLABSI), catheter- associated urinary tract infection (CAUTI), Ventilator-associated pneumonia (VAP), Clostridium difficile infection (CDI) prevention, assisting these facilities to implement interventions in each facility. Infection Preventionists conducted on-site consultations and educational activities and case reviews. 3) The Enhanced Measles Surveillance Project hired project staff and implemented data collection and analysis activities. 4) The Meningococcal Project hired an epidemiologist with laboratory experience for the project and purchased laboratory testing supplies and reagents to begin testing activities. 5) The Viral Hepatitis Surveillance Project (concluding with carryover funding) continues data collection and analysis activities and is planning for project transition and completion due to termination of funding.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Enterprise Architect
4. Recipient Name:	General Service Administration
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$75,000.00
8. Award Number:	08FED810190
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	This project will provide funding to the EITPO through an interagency agreement with GSA to provide software use and support for the National Environmental Public Health Tracking Network.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Information Technology Support Services
4. Recipient Name:	General Service Administration
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,248.21
8. Award Number:	09FED907875
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	This is a 30-day extension of an existing contract through GSA interagency agreement to provide IT support and services for the National Environmental Public Health Tracking Network. The project is completed and all tasks were met by the end of September 2012.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Information Technology Services for National Environmental Public Health Tracking Network
4. Recipient Name:	General Service Administration
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$647,000.00
8. Award Number:	11FED1103875
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	This IAA is awarded to GSA to provide funding support for Program Services and Supports throughout the year. Ross Strategic is the recipient of this award and they provide strategic support for the ongoing Tracking National Workgroups meetings, coordinate cross-workgroup support, and manage the sharepoint site for all grantees to use. Ross provides regular reports to CDC on the progress made by the workgroups. They provide facilitation during these meetings and ensure all tasks are completed by these workgroups. These are ongoing activities of the National Tracking Program in collaboration with funded grantees, national partners and other federal agencies.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Generation of Air Quality Data for the CDC National Environmental Public Health Tracking Network
4. Recipient Name:	US Environmental Protection Agency
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$260,000.00
8. Award Number:	12FED1203874
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The initial Interagency Agreement (IAA) between the CDC and the US Environmental Protection Agency provided for interagency cooperation in making air quality data available on the CDC Tracking Network. CDC provided funding to EPA to support the development and delivery of ambient air quality monitoring data for ozone and PM2.5 for the years 2001-2008, statistically-combined air quality modeling estimates for these two contaminants for the years 2001-2006, and associated documentation and metadata for both of these types of data. These data will be disseminated via the Secure and Public Portals of the Tracking Network. EPA shall provide scientific/analytical expertise and utilize or enhance their existing IT infrastructure to develop, document and deliver air quality (AQS) monitoring data and statistically-combined (Hierarchical Bayesian – (HB) and Downscaler – (DS)) air quality modeled estimates of fine particulates (PM2.5) and Ozone (O3) for the CDC Environmental Public Health Tracking Network (Tracking Network).

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Research Participation Program
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$123,320.00
8. Award Number:	12FED1203881
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	This funding supports training of ORISE Fellows at the Environmental Health Tracking Branch during the FY2012. This is part of an ongoing effort of the Tracking Program's Strategic Plan to train the future workforce by providing the opportunity to work in this environment.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Radiological Emergency Preparedness Training and Education for the Public Health Workforce and Emergency Services Clinicians
4. Recipient Name:	U.S. Department of Energy
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	12FED1203882
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	This project will provide funding to ORAO to provide communication and outreach support for CDC's Environmental Health Tracking Branch. To develop audience-specific webpages and video or audiovisuals to enhance content in the Tracking curriculum modules or the Picture of America report e-Book.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Health Association (NEHA)
4. Recipient Name:	National Environmental Health Association (NEHA)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$49,996.66
8. Award Number:	200-2008-28224-0032
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The first quarter of this project involved the final creation of a variable promotional piece for Tracking 101, review and make changes to the Tracking 101 web pages and online references to be in line with CDC continuing education requirements, attendance at the APHA conference, and the creation of sample questions/topic areas for including Tracking in NEHA's REHS/RS credential exam. While the reporting period started July 1, 2012, funds were not awarded to this project until September 7, 2012 which is when work began. The first project completed this year was the creation of a promotional piece for the online learning program Tracking 101. This piece was designed as a way for grantee tracking programs to promote their programs and networks through the free continuing education credits offered by Tracking 101 through CDC and NEHA. The document allows grantee programs to insert information regarding their program directly into the piece, without disturbing the original design. The Tracking 101 continuing education (CE) credits offered by CDC for nurses and health educators was up for yearly review. Changes were requested to the program concerning language about the credits and instructions for receiving credits. NEHA set up a demo site with the changes implemented to allow for full review of all changes. The changes were approved and CE credits approved for one more calendar year. The APHA Annual Conference took place in San Francisco, CA October 27th – 31st. NEHA staff went to the conference to promote Tracking at the CDC booth in the exhibit hall. Prior to attending, conference topic areas and attendee groups that related to the Tracking Program were identified and promotional pieces were developed to tie into those areas. NEHA ensured that the booth was manned at all times and provided information and handouts to attendees regarding Tracking, both national and state programs. Work has also started on identifying subject areas within the NEHA REHS/RS credential exam where information regarding the CDC Tracking Program and Network would be relevant. Working with the latest job analysis information, the following topic areas were identified as areas where Tracking related questions could be included: General Environmental Health; Solid and Hazardous Waste; Potable Water; Housing; Air Quality and Noise. Due to the security requirements of questions (items) on the REHS/RS exam, NEHA is only able to share general outlines of how questions regarding Tracking could look on the exam. In addition to adding items to the REHS/RS that involve Tracking, NEHA highly recommends adding the Tracking Network and Program as a reference for the exam. The list of references is supplied to credential candidates who are preparing for the exam to provide guidance on what information to learn or review prior to taking the exam.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Battelle Data Management
4. Recipient Name:	Battelle Memorial Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$838,320.00
8. Award Number:	200-2008-F-28082-00008
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Battelle performs Data Management work in support of CDC National Environmental Tracking Network. Work includes working with CDC Grantees to submit data to the portal. Battelle assists in the compilation, validation, and reporting of this grantee as well as National data.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Services to support public health surveillance, and program activities related to environmental hazards
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,235,650.76
8. Award Number:	200-2009-28537-0079
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The CDC's Environmental Health Tracking Branch's (EHTB) mission is to assess the extent of human exposure to emerging environmental threats; to identify adverse health effects associated with these environmental exposures; and to develop, implement, and evaluate strategies for preventing exposure or minimizing the effect of such exposures when they do occur. One means to gather data necessary to assess exposure and health risk and to design public health interventions is by conducting surveillance. Further, EHTB provides standardized tools and training to local and state health departments for the collection, analysis, and interpretation of environmental hazards, health effects, exposure data, and community needs assessment data in an effort of building the national Environmental Public Health Tracking Network.</p> <p>The purpose of this task order is to provide the services that support ongoing electronic surveillance efforts for the Environmental Public Health Tracking Network related to environmental hazards and adverse health effects. This support requires the ability to work with and understand public health surveillance systems and environmental regulatory programs in order to facilitate workgroups and teams and develop documentation of workgroup efforts. It requires assisting CDC with documentation of team efforts to improve Tracking Network functionality and capabilities, and, communicate these efforts to other Tracking workgroups, teams and stakeholders. Also, subject-matter expertise is required for management, analysis, and interpretation of environmental health surveillance data and assisting with the design and development of the National Tracking Network. Finally, it requires the utilization of data and information regarding health outcome, environmental hazards, human exposure/ bio-monitoring, or a combination of them, provide important information for public health practice and environmental public health tracking activities.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Deloitte Consulting, LLP
2. Subaward Date:	30-Oct-12
3. Subaward Number:	200-2009-28537-0079
4. PPHF Funding Amount:	\$347,655.00
5. Subaward Purpose:	The purpose of this Sub award is to develop two 5-day training courses: (1) Responding to Acute and Chronic Environmental Hazards, and (2) Responding to Public Health Emergencies.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	QIVLIQ – Federal Group
2. Subaward Date:	October 1, 2012
3. Subaward Number:	200-2009-28537-0079
4. PPHF Funding Amount:	\$135,767
5. Subaward Purpose:	The purpose of this Sub award is to provide additional support to the Environmental Public Health Tracking network, (EPHT), for the management of a large multi-state electronic surveillance system, manage and track data submission, provide technical support to users and to plan for and train users on system updates.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Strategic Support for Environmental Public Health Activities Originating With and Overseen by the National Center for Environmental Health Programs
4. Recipient Name:	SciMetrika, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$189,690.00
8. Award Number:	200-2009-31909-0015
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide technical and strategic services to support the design, coordination, and implementation of new and ongoing environmental public health projects, outbreak and disaster responses, and evaluation activities originating from National Center for Environmental Health programs.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Technical Staff Support Services for the GRASP Program
4. Recipient Name:	Booz Allen Hamilton Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$205,000.00
8. Award Number:	200-2009-F-29802-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	1. Used Geographic Information Systmes as needed to develop mapping and interactive application for the ATSDR Environmental Public Health Tracking Network Public Portal. 2. Provided communication and guidance to the Environmental Public Health Tracking Network's partners regarding the database design, systems integration, data flow modeling, and application design. 3. Provided technical documentation on the design and structure of the Environmental Public Health Tracking Network's Public Portal. 4. Attended weekly meetings to provide feedback and status reporting. 5. Provided application demonstrations for new and existing functionality to ATSDR program managers and stakeholders

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	ITSO Operations Branch Application Hosting Services
4. Recipient Name:	HP Enterprise Services, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$61,739.00
8. Award Number:	200-2010-37212-0003-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	CDC ITSO/AHB with support from HP Enterprise Services provided server usage and support for the Business Logic, Web Servers and File Servers needed for NCEH/ATSDR requirements supporting the Affordability Care Act.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Information Technology and Data Management Coordination Services for National Environmental Public Health Tracking Network
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,404,223.00
8. Award Number:	200-2010-37217-0022
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of this task order is to provide technical services for ongoing system development, implementation, improvement, and maintenance of the CDC/NCEH Environmental Health Tracking Branch (EHTB) National Environmental Public Health Tracking Network (NEPHTN). Services that are provided include:</p> <ol style="list-style-type: none"> 1. Maintain the NEPHTN and attendant requirements, including existing and emerging database structures 2. Ongoing development, implementation and improvement of NEPHTN functionality. 3. Participate in, support, and provide expertise and consultation to technical teams 4. Coordinate development and maintenance with existing CDC information technology standards 5. Develop and update technical documentation for the NEPHTN <p>Since contract start date of September 30, 2012 we have delivered a major new release of the NEPHTN that included significant enhancements to allow additional environmental data to be stored and many new features and methods of displaying the entire data housed within the NEPHTN. We have also begun work on the next major release of the NEPHTN that is planned for 1st QTR 2013.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Regents of the University of California (Berkeley)
4. Recipient Name:	The Regents of the University of California-Berkeley
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$288,897.00
8. Award Number:	200-2010-37394-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Multi-level Software Development. Over the past 12 years we have developed a multi-level geographic program (GAMEPHIT) that runs in the R computing language, which is capable of processing information simultaneously at two geographic levels of influence (e.g., county, ZIP code area), assessing autocorrelation at all levels, fitting spatially autoregressive models, and understanding the variability of health outcomes attributable to fixed predictors and to random geographic predictors. During the reporting period, we have made additions to our software program and will be posting the software and documentation to the CDC-EPHT Sharepoint site for use by others in tracking. We also hosted a successful training session at the Denver national meeting for 19 participants.</p> <p>Particulate Matter Estimates. We created an estimator to predict ambient PM2.5 across the contiguous United States. A hybrid modeling approach was developed that combined a land use regression model (LUR) selected with a machine learning method, and Bayesian Maximum Entropy (BME) interpolation of the LUR space-time residuals. The PM2.5 dataset included 104,172 monthly observations at 1,464 monitoring locations. Normalized cross-validated R2 values for LUR-only models were 0.63 and 0.11 with and without remote sensing, respectively; suggesting remote sensing is a strong predictor of ground-level concentrations. In the full hybrid model, cross-validated R2 were 0.79 for both configurations; the model without remotely sensed data described more fine-scale variation than the model including remote sensing. A paper summarizing this work has been submitted to the leading journal, Environmental Science and Technology and is currently in review. When this work is published, the PM2.5 predictions will also be posted to the Sharepoint site at the census tract and ZIP code scales. We will also provide the estimates on a 1*1 km grid for the entire U.S.</p> <p>Estimates of Smoking and Obesity Prevalence. We have used Behavioral Risk Factor Surveillance System (BRFSS) data to estimate smoking and BMI at the county level. These estimate are based on advanced GLMNet model selection techniques. The models have been fit with variables that tract to the census data , and we are currently in the process of validating the models so we can produce small area predictions at the census tract and ZIP code scales.</p> <p>As part of our collaboration with the State of California EPHT branch, the California Public School Fitnessgram data compilation of within school and neighborhood environment dataset is nearly complete. It includes over 200 variables describing both social and physical aspects such as crime rates, unemployment, air pollution, food access, network connectivity and green space. Over the past six months, the final data files on school neighborhood attributes were processed and most have been merged for modeling</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	The University of Illinois (Chicago)
4. Recipient Name:	The University of Illinois (Chicago)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$342,630.00
8. Award Number:	200-2010-37442-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Background: Atrazine and nitrate concentrations in the Midwest have been reported to be among the highest in the U.S. There is limited evidence that drinking water contaminated with atrazine and/or nitrate may be associated with an increased risk of adverse birth outcomes and childhood cancer. This study will examine these possible associations and develop new research methods for studying them.</p> <p>Study Design: This study will be conducted in three distinct phases. Phase 1 is a study linking adverse birth outcomes with atrazine and nitrate drinking water data at the county level. In phase 2 the study will be expanded to include childhood cancers. Phase 1 and 2 will include eight states. In Phase 3 we will compare results of individual level outcome data analyses with ecologic county level birth outcome data in two states.</p> <p>Accomplishments:</p> <p>a. Health Data - We currently have data for Phase 1 from six states and are in the process of obtaining data from the remaining two states (Iowa and Illinois). Our Phase 2 data requests to Illinois and Missouri were approved during this period and are in the process of being fulfilled. We currently have data from four states. A revised application for Phase 3 data was submitted to the Missouri IRB. An amended protocol to the UIC IRB for Phase 3 was later submitted in December. An application to Ohio is in the process of being submitted.</p> <p>b. Environmental Data</p> <p>i. Drinking water quality data for atrazine and nitrate/nitrite have been obtained and used to calculate annual and quarterly county-level estimates of environmental hazard for linkage with health outcome data. Similar data have been obtained for arsenic from all states except Michigan. Annual and quarterly county-level estimates of atrazine and nitrates have been developed and linked with the health data.</p> <p>ii. Due to the relative infrequency with which CWS monitor contaminants, we developed a multiple imputation method by which to estimate monthly contaminant concentrations in a CWS for each CWS for atrazine and nitrate.</p> <p>iii. A land-use regression model was developed to predict atrazine levels in well water; we estimated the total concentration of atrazine and its degradate deethylatrazine (DEA) in groundwater underlying agricultural areas.</p> <p>iv. Approaches for the integration of water quality data from CWSs and private domestic wells for county-level exposure estimates was attained.</p> <p>c. Preliminary Linkage Analyses - Preliminary linkage analyses have been conducted with low birth weight and prematurity birth outcome data from Indiana, Michigan, Missouri and Wisconsin for years 2004-2006. There was no evidence of an association between either atrazine or nitrate with either preterm or low birth weight births. Additional analyses were performed using the percentage of land used for agricultural crops (crop density) in Missouri as indirect measures of potential exposures to atrazine, nitrate and other agrichemicals.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	The University of Pittsburgh (Topic 3)
4. Recipient Name:	The University of Pittsburgh
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$203,863.00
8. Award Number:	200-2010-37443-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The University of Pittsburgh Graduate School of Public Health was funded by the CDC to advance the understanding of the relationship of particulate air pollution (PM2.5) and cardiovascular health effects in the context of the CDC Environmental Public Health Tracking Program. Specifically, the GSPH (E. Talbott, PI) and her group are conducting linkage studies of exposure and cardiovascular disease outcomes to evaluate which measures of cardiovascular outcomes might be most suitable for the Tracking network. The project has three Tasks. Task A consisted of a literature review of PM2.5 and cardiovascular disease outcomes and was completed in option year one ending September 30, 2012. Task B, is ongoing and includes the conduct of linkage studies of PM2.5 and cardiovascular health effects. For the period September 30-December 31, 2012, we continued to make progress on this Task. Our activities included 1) Obtaining air quality data on PM2.5 and ozone from EPA and meteorological data for linkage to individual daily health outcome data for the participating tracking states (11), 2) Completion of the process of submitting applications to the appropriate data stewards of each participating state for health data and to obtain IRB approval. The health data request is for individual level records of in-patient hospitalizations, Emergency Room visits, and deaths with a diagnosis/cause of death of cardiovascular disease (ICD-9 390-459.9) for the years 2001-2008. Each record will include age, race, gender, Zip code of residence, and date of admission or death. 3) We have started the process of linking the daily air pollution levels to health outcomes for the states that have provided data thus far. A case-crossover analysis will be conducted using C-CAT, a SAS-based statistical software tool, to determine the relationship of CVD outcomes and PM2.5 while considering temperature and humidity. Participating states are Florida, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New Mexico, New York, Oregon, Washington and Utah. Task C consists of an evaluation of cardiovascular biomarkers using NHANES (National Health and Nutrition Examination Survey) data. We will evaluate the association between exposure to ambient PM2.5 air pollution and specific inflammatory biomarkers using data from NHANES for the years 2001-2006. This linkage study will be unique in that it will provide an opportunity to consider the relationship of biomarkers in an individual to the levels of air pollution where they reside. We submitted the application to NHANES for access to the data on December 15, 2012. In addition to the progress on our three Tasks, we are working on a potential publication on temporal and regional trends in acute myocardial infarction hospitalization rates among the 20 tracking states for 2001-2008.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	The University of Pittsburgh (Topic 2)
4. Recipient Name:	The University of Pittsburgh
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$230,101.00
8. Award Number:	200-2010-37444-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>In this phase of the Environmental Public Health Tracking (EPHT) program, CDC has contracted with the University of Pittsburgh GSPH to expand and address the methods, tools and science needed for EPHT to help improve the understanding of environmental risk factors and their relationship to human health. Specifically, we are studying ambient air lead exposure and bio-monitoring data on childhood blood lead levels from screening available on the Tracking Network for 2000-2008 in order to develop methods to characterize populations who may be at higher risk of lead poisoning. Although blood lead levels in US children have dramatically declined over the past 40 years, there remain significant subgroups of children in both urban and rural areas with elevated blood lead levels (EBLs). While some of these EBLs may be associated with legacy lead paint or inadequately controlled consumer goods, lead in the outdoor environment may also be contributing to the problem. Lead exposure, even at low levels can adversely affect IQ, behavior, and academic achievement. Previous analyses conducted by governmental agencies in North America and other research groups have shown that air and soil lead levels are higher near industries using lead. During September 30 through December 31, 2012 our tasks included 1) working with partner states to obtain individual level data on blood lead screening in children aged 0-3 years, 2) assessing the risk factors for childhood lead poisoning which included linkage of blood lead level by zip code or census tract to distance of source of industrial lead such as lead smelters 3) and to prepare the application for NHANES (see below) for individual risk assessment of ambient air lead levels. Individual-level data has been received from all partner states: Missouri, New Mexico, Kansas, Pennsylvania, and New Jersey. A deidentified dataset of over 40,000 Kansas children under 36 months of age for 2000-2005. Overall, 11.6% had BLL over 5 ug/dl and 3.3 % were over 10 ug/dl, typically considered the action levels. Testing for blood lead increased yearly, from 1,878 tested in the year 2000 to 11,206 tested in 2005. The average BLL decreased annually, from 4.6 µg/dl in 2000 to 3.6 µg/dl in 2005. Our analysis to date has shown that decreasing distance from a lead industry is associated with an increased risk of elevated BLL. During this time frame, we also submitted an application to the National Center for Health Statistics to access the National Health and Nutrition Evaluation Survey (NHANES) childhood blood lead data. This is a national probability sample of 2,155 12-60 month old children with blood lead and dust lead samples from the home. We will link EPA-estimated ambient air lead levels of this sample to the existing indoor levels for a more complete picture of the environmental risks of blood lead.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Current Status of Tracking Radiation Doses from Medical Diagnostic Procedures
4. Recipient Name:	M.H. Chew & Associates, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$50,000.00
8. Award Number:	200-2011-41236-0003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Major activities on this contract for the reporting period were: 1) Scheduled and held a Kickoff Meeting with CDC Staff. 2) Modified the Work Plan to incorporate CDC Comments. 3) Identified, collected, and indexed 33 literature references. 4) Attended the Radiological Society of North America 2012 Annual Meeting. 5) Identified nine dose-reporting software tools, and tasked our teaming partner Lovelace Biomedical and Environmental Research Institute (LBERI) with evaluation. 6) Identified 21 potential interviewees in the device manufacturer, hospital, government agency, foreign plan, and professional society/organization sectors. 7) Conducted first interview and 8) Began outlining the midterm report.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	Environmental Hazards and Health Effects (EHHE)-
4. Recipient Name:	CommunicateHealth Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$85,000.00
8. Award Number:	200-2012-42204-0006
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Investigators and other staff at the Centers for Disease Control and Prevention (CDC) Division of Environmental Hazards and Health Effects (EHHE) study an extraordinarily broad mix of complex environmental problems that affect millions of Americans, including the adverse health effects of natural and technologic disasters, radiation poisoning, and exposures to toxic chemicals.</p> <p>EHHE sought a contractor to 1) brand this diverse Division in a consistent, clear, and compelling manner and 2) to effectively communicate EHHE's unique role and impact to key stakeholders. This undertaking includes the following components:</p> <ul style="list-style-type: none"> • An inventory of current branding and messaging • A stakeholder identification plan • Recommendations and tools to improve traditional web and social media presence • Development of materials such as fact sheets, blog posts, newsletters, etc. <p>Tasks completed during the reporting period in support of the project:</p> <p>Task 1: Planning and Reporting</p> <ul style="list-style-type: none"> • Held planning meetings with EHHE to discuss overall project strategy and specific next steps; delivered meeting minutes • Developed and submitted detailed work plan and project timeline to EHHE <p>Task 2: Plan for Assessment of Branding, Messaging, Web, and Social Media</p> <ul style="list-style-type: none"> • Drafted plan for assessment of Branding, Messaging, Web, and Social Media and submitted to EHHE <p>Task 3: Conduct Assessment and Comparison</p> <ul style="list-style-type: none"> • Drafted in-depth interview (IDI) questions and listening session questions for moderator's guides • Sent draft of IDI questions and listening session questions to client for review, made requested revisions, and submitted a final protocol • Drafted a participant recruitment template for the IDIs and listening sessions • Recruited for, scheduled, and conducted IDIs with 6 participants • Scheduled and conducted listening session with communication staff • Requested, received, and catalogued electronic communication materials from 5 branch contacts to use for audit • Began materials audit and reviewed documents submitted to the contractor by EHHE—like reports, brochures, fact sheets, websites, social media channels, and strategic plans • Began cross-comparison of external materials from non-EHHE sources—like EPA and other government agencies • Began channel analysis <p>Task 4: Long-term Communication Plan and Content Delivery</p> <ul style="list-style-type: none"> • N/A

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$656,802.00
8. Award Number:	5U38EH000613-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The Colorado Environmental Public Health Tracking Program (COEPHT) has developed a web-based public (free access) tracking portal and a private (secure controlled-access) portal. The Colorado Tracking website provides data that can be queried by topic, county and year with results displayed in custom maps, charts and tables. The website also provides basic information on the topics presented, written in plain language, to help people learn about health and environmental issues in their communities and what they can do to protect themselves. During the current reporting period, portal design, messaging, data queries, data results (tables, charts, maps), dataset details, and other components of the public portal were completed for birth defects, county-level drinking water, reproductive health outcomes and childhood blood lead. Mapping functionality was enhanced with improved data export capability, new dynamic mapping features and county-level drill-down for community drinking water systems. Colorado successfully submitted 135 datasets and associated metadata to CDC during the October 2012 data call for birth defects, drinking water and hospitalizations data. COEPHT developed and launched the first phase of our secure portal: the CDPHE Data Request System (DRS) during the current reporting period. The portal provides a secure login by which users can be verified by the system and provides access to varying levels of data and services according to the user's authorized role. This allows for the secure delivery of more detailed data beyond what the public portal offers. The system serves as a single point of entry for data requests, making it easier to direct the requestor to existing published data and to connect the requestor with the right data manager. Colorado's communications and outreach activities moved into Phase III of our Communication Plan. Outreach activities focused on public health and environmental health professionals, both internal and external to CDPHE. Tracking continues to use social media with posts to Facebook and Twitter. During this reporting period, Tracking was able to partner with a program in the department's Prevention Services Division to introduce EPHT to a new audience during a data training event for regional Early Childhood Councils throughout Colorado. The Colorado Tracking program actively participated on two content initiative task force teams – radon and private well water. Staff helped author a radon task force white paper and helped develop guidelines for mapping and display of water quality data at the county and sub-county level. Additional years of lead surveillance data were posted on the public portal and mapping capabilities were developed to help visualize screening rates, poverty and age of housing by county. Tracking data were used as a resource for public education materials mailed to over 600,000 Denver Water customers being notified by mail about elevated levels of lead detected in some home water supplies within the city of Denver. FAQs mailed to residents provided a link to the Colorado Tracking web site to quickly provide data about blood test results in the Denver Metro area, as well as general information about health effects of lead, ways to reduce exposure, and resources for blood lead testing for young children.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Minnesota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$801,727.00
8. Award Number:	5U38EH000617-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Minnesota's Environmental Public Health Tracking Program (MN EPHT) steadily made progress in achieving our goals through our cooperative agreement with the CDC National Tracking Network. The following are activities for the reporting period for our four program goals: (Goal 1) Develop a strong EPHT system for Minnesota based on collection and analysis of high-quality data and measures in collaboration with the National Tracking Network. MN EPHT participated in the national strategic planning meeting with CDC in Atlanta, GA (Fall 2012); served as co-chair of the national Content Workgroup and the Biomonitoring Task Force; participated in monthly conference calls with national workgroups and taskforces (CWGs, SND, PMO); solicited input on program activities through 2 meetings of our expert advisory panel; and conducted monthly meetings of our interagency EPHT Technical Team. MN EPHT also prepared and submitted all required data and metadata to the CDC National Tracking Network (Fall 2012). In addition, MN EPHT evaluated new data for state-specific measures (e.g., developmental disabilities). (Goal 2) Ensure EPHT data are accessible and used. MN EPHT maintained and updated Nationally Consistent Data and Measures (NCDMs) on the state tracking data portal (see MN Public Health Data Access, https://apps.health.state.mn.us/mndata/). MN EPHT added new years of data for required NCDMs for 6 content areas, including asthma, heart attacks, cancer, childhood lead poisoning, air quality, and carbon monoxide poisonings; and chronic obstructive pulmonary disease. MN EPHT also launched new NCDMs for heat-stress; added new functionality to interactive maps for cancer by allowing data users to view maps side-by-side; added new interactive maps for 2 cancer types (melanoma, NHL); and added cross-border data for MN residents hospitalized in 3 neighboring states. In addition, MN EPHT completed a security assessment of the state secure portal and addressed security vulnerabilities in Liferay (content management system for portal). (Goal 3) Increase awareness, knowledge and skills among data users to inform actions to improve public health. MN EPHT implemented our Year 4 Communications Plan; updated and maintained the MN EPHT web site (http://www.health.state.mn.us/tracking), including success stories; provided regular updates to over 2000 email subscribers; conducted evaluation of portal user activity with Google Analytics; and provided over 10 portal demonstrations. (Goal 4) Continue collaborations to enhance MN EPHT. MN EPHT worked closely with Minnesota's Climate and Health Program to promote the new NCDMs for heat stress; collaborated with the American Lung Association of MN on a joint data report to raise COPD awareness; collaborated with the American Cancer Society of MN and state cancer prevention programs to raise awareness about the increasing incidence of melanoma.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Kansas State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$561,053.00
8. Award Number:	5U38EH000618-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Kansas Environmental Public Health Tracking (KSEPHT), located within the Bureau of Environmental Health, Kansas Department of Health and Environment, developed an interactive portal for specific health and environmental data. The KSEPHT Program is supported through a Cooperative Agreement with the Centers for Disease Control with the first EPHT award August 1, 2009. Environmental causes of chronic diseases may be difficult to identify, however by measuring hazardous substances and understanding how they may cause illness will likely reduce the impact on public health. The definition of 'environment' includes air and drinking water quality, childhood lead exposure, extreme weather events and potential effects of pollution from other sources. As the Kansas program evolves, additional data regarding environmental hazards and exposures will be included and addressed especially in terms of prevention activities. The website updated July 2012, provides:</p> <ul style="list-style-type: none"> -data on health conditions and diseases including cancers, asthma and birth defects, -carbon monoxide, radon, air and drinking water data, -childhood blood lead levels, -extreme weather events including heat and cold morbidity and mortality, -data that helps explain relationships between exposures and health effects, and -narrative information about a variety of health and environment concerns including cancers, carbon monoxide poisoning, lead in the environment, extreme weather events, drinking water quality, harmful algae blooms, birth defects, acute myocardial infarction, pesticides, occupational health, agricultural burning events, radon and air quality. <p>Environmental public health tracking is a way of incorporating data for analysis and reporting of that data. Through collaborative efforts within the Department of Health and Environment, several issues were identified and public health messaging was created:</p> <ul style="list-style-type: none"> - extreme weather events included the formation of a work group, -harmful algae blooms including the continuation of an interagency working group with weekly meetings and news releases re: advisories and warnings for public lakes, -carbon monoxide messages, -lead poisoning with important information regarding testing as well as remediation of older homes, -completed agricultural burning study and asthma publication and -a compilation of occupational health indicators publication. <p>Public health messaging is provided through the Kansas Environmental Health Facebook page with nearly 100 messages during the reporting period, 17 news releases including print and television, four public health conferences and workshops, five local health department presentations, two university's schools of nursing presentations, ongoing development and updating of the EPHT website information, harmful algae bloom posters (for the public) and brochures (for physicians and veterinarians.) Web pages were developed for harmful algae blooms, carbon monoxide and extreme weather events.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$487,896.00
8. Award Number:	5U38EH000619-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	The use of integrated health and environmental data is an essential component of comprehensive community health assessments and supports the prioritization of initiatives to improve the health of communities. To this end, the Iowa Department of Public Health is building an Environmental Public Health Tracking Network to provide environmental and public health data related to issues that may impact the health of Iowa communities, and provide information for environmental and public health professionals, legislators, advocacy groups, researchers and the public to facilitate better decision making, evaluation, and policy development. Activities undertaken during the current reporting period include transforming the department's existing Data Warehouse into Public and Secure portals that will allow users to access Tracking Nationally Consistent Data Measures and other indicators based on state public health data sets.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Vexcel Corporation (a subsidiary of Microsoft)
2. Subaward Date:	10/26/2012
3. Subaward Number:	5U38EH000619-03
4. PPHF Funding Amount:	\$310,791.00
5. Subaward Purpose:	Funds were used by the subaward recipient to build infrastructure to allow access to data from environmental hazard monitoring, human exposure, and health effects surveillance to the public, federal, state and local agencies for use in: Monitoring and communication about environmental hazards and disease trends; advancing research on possible linkages between environmental hazards and disease; and developing, implementing, and evaluating regulatory and public health actions to prevent or control environment-related diseases. Specific activities during the current reporting period focused on: reviewing the existing Iowa Department of Public Health information management infrastructure, providing a plan and oversight for the design of a business intelligence solution, and assisting the Iowa Department of Public Health in refining the existing business and functional requirements to implement an Environmental Public Health Tracking network that is compliant with the standards of the CDC Tracking Program. The original projected funding amount submitted was \$320,060, but the actual cost of the contract is \$310,791. Work on these tasks is ongoing beyond the current reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Louisiana State Department of Health and Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$678,510.00
8. Award Number:	5U38EH000621-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	The purpose of the program is to establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The program also aims to build state and local public health capacity in the area of environmental health surveillance. Between August 2012 to December 2012 the following activities have occurred. Louisiana's statewide network implementation activities have centered on data processing and portal development. Specific to data processing, the LA Environmental Public Health Tracking (LEPHT) program finalized the set-up of a data warehouse for the storage of all project datasets; instituted server development, test and production environments for accessing SQL databases; configured an ArcGIS Server and ArcSDE development environment to align with the current agency geographic information systems (GIS) production environment, which will host the central project web application; brought in, modified, and displayed datasets in a development environment using Extract Transform and Load (ETL) procedures with SQL Server Integration Services (SSIS), and Analysis and Reporting Services procedures; formulated a data model that will organize relational and dimensional databases project-wide; and fulfilled the requirements for the submission of all required core datasets to CDC. Portal development activities have focused on the generation of subject-specific website content, and preliminary website testing- a process which has included data partners, advisory group members and the LEPHT project team; as well as the soft launch of a preliminary LEPHT website.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	George Frierson
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000621-04
4. PPHF Funding Amount:	\$77,000.00
5. Subaward Purpose:	LEPHT contracted with a Geographic Information Systems (GIS) expert to coordinate all mapping aspects of the project. The contractor is working to bridge gaps between LEPHT staff and IT contractors to integrate data between SQL database data, SharePoint and ArcGIS Server. The contractor also collaborated with other EPHT states' GIS and database development staff to share knowledge and comply with standardized cartographic display methodologies and NCDM established data cut points. He was involved in the Geospatial Workgroup, Visualization Guidance Team, Network Architecture Subgroup, SND, and Birth Defects Content Workgroup to ensure that all geographic data and presentation of such data meet EPHT standards and policies. The GIS tracking expert assisted in mapping and sharing knowledge in mapping health data accurately while protecting privacy. Currently the contractor is developing a Flex based web mapping portal with the latest API from ESRI which will render maps, class breaks, legends, and print to a variety of formats including pdf.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Louisiana at Lafayette, Center for Business and Information Technologies
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000621-04
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	The following summarizes the work performed to develop and implement the first five deliverables of the LA EPHT. The deliverables were: <ul style="list-style-type: none"> • Deliverable 1: Analyze reporting requirements, import, clean and surface data for Data Set 1: Cancer. • Deliverable 2: Analyze reporting requirements, import, clean and surface data for Data Set 2: Birth Outcomes. • Deliverable 3: Analyze reporting requirements, import, clean and surface data for Data Set 3: Air Quality. • Deliverable 4: Analyze reporting requirements, import, clean and surface data for Data Set 4: Heat Stress. • Deliverable 5: Conduct user acceptance testing (UAT) for Deliverables 1-4.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$665,730.00
8. Award Number:	5U38EH000625-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Vermont began receiving funding from the CDC in 2009 to build a statewide environmental public health tracking program (Tracking) to help Vermonters better understand the relationship between the environment and their health. The Department of Health publicly launched the Vermont Tracking Portal (http://healthvermont.gov/tracking) during National Public Health Week in April 2012. The Tracking Portal integrates data and information on environmental hazards, exposures to those hazards, and health effects related to exposures. Vermont's Tracking Portal efficiently connects communities to the information they need, and provides scientific data about health and the environment in one framework that everyone can use.</p> <p>During the reporting period, the Tracking Program submitted Vermont health and environmental data to the CDC's National Tracking Network which allows the public and researchers to make comparisons between states. The Fall 2012 submission included data for birth defects, heart attack hospitalizations and emergency department (ED) visits and hospitalizations for asthma, carbon monoxide poisoning, and heat stress. For the first time hospitalizations data included information for Vermonters hospitalized in the neighboring states of New Hampshire, Massachusetts, and New York. During the reporting period, the Tracking Program prepared data and information on the following topics to be added the Vermont Tracking Portal in early 2013: heat stress (deaths, hospitalizations, ED visits), dynamic reports for birth defects, and ten new indicators for childhood lead poisoning.</p> <p>In August and September, the Tracking Program provided weekly updates of blue-green algae conditions on Lake Champlain using Vermont's Blue-Green Algae Tracker (https://webmail.vdh.state.vt.us/vtracking/bluegreenalgaefp/) to help residents know where it was safe to swim. In October, the CDC conducted a site visit and an evaluation of the Vermont Tracking Program. The site visit coincided with a meeting of the stakeholders and advisors that make up the Tracking Technical Advisory Group. The Tracking Program compiled a state-wide map and database of public community water system (PCWS) retail service areas and has begun work to link public community water system service areas with the physical addresses of Vermonter's homes. At the beginning of the reporting period, the Tracking Program received the results of a formal usability evaluation from software design firm. The recommendations to improve the Tracking Portal's ease-of-use and accessibility were evaluated and prioritized. Some issues have already been addressed, others will be addressed in the next release of the Tracking Portal (February 2013).</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Network Implementation
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$809,827.00
8. Award Number:	5U38EH000628-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538

11. Summary of Activities:

Our activities for this reporting period are tied to the objectives we stated in our original grant application. This is Year Four (4) of a five (5) year cooperative agreement. Our activities are related to improving the efficiency and effectiveness of SC EPHT through: 1) Evaluating the overall data quality and validity; 2) Evaluating the overall usefulness in detecting problems and trends; 3) Evaluating tracking system attributes and interoperability; 4) Improving overall tracking performance; and 5) Improving effectiveness of communication with stakeholders. The overarching goal of Environmental Public Health Tracking (EPHT) is prevention of or reduction in environmental contamination and related adverse health outcomes. This cooperative agreement has provided SC with the resources to build the platform for use in disseminating environmental and public health data and information that stakeholders can then use to identify associations between exposure and disease. We are using the data as well to identify target areas for education and outreach. One program that we have worked closely with during this reporting period is our Birth Defects program. The SC EPHT Portal is the outlet for both data and information regarding birth defects in our state. We have partnered with the Greenwood Genetics Center to help educate the public about the importance of taking folic acid both before and during pregnancy. Also during this reporting period, we have provided adult blood lead data to SC's Occupational Safety and Health Administration agency from the lead and heavy metals database that was created using funds from this cooperative agreement in order to provide the required childhood lead data. The data provided was used for targeted inspections of workplaces where employees were being overexposed to lead. Citations and corrective action plans were issued that are aimed at reducing this exposure - both to the workers and their families. We track the utilization of our portal using Google Analytics and use this data in conjunction with a 'milestones' calendar to learn more about which marketing and outreach efforts get us more for the dollar/time spent on them. During this reporting period, we developed and presented a webinar on EPHT to librarians across the state. A great deal of effort was spent on the work effort of replacing the use of "flash" in our interactive portal (which renders the site not accessible when using an Apple computer) to a newer technology that works on more devices. We also started a project that will use our SC EPHT platform to disseminate information about all of the known contaminated sites across our state. This application is now in the final approval process and is scheduled to be launched during the first quarter of calendar year 2013. Most adults spend a large percentage of their waking hours in the workplace. During this reporting period we also developed an occupational health landing page where data will be displayed related to work-related hospitalizations and exposure(s). We have also developed the messaging/landing page for heat-related illness to display these recently approved new measures on our web portal. We are excited about the work that has been done as well as the work we are doing that we could not do without the resources provided to us through this cooperative agreement. Our grant year began on August 1, 2012 and goes through July 31, 2013. We did not have any carry-over funds from grant year three (3). During this reporting period, we committed and/or expended \$392,330.69. There were no sub-contracts within this reporting period with a value of \$25,000 or more.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	New York City Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,099,894.00
8. Award Number:	5U38EH000939-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	The New York City Department of Health Mental Hygiene uses PPHF funds to collect, integrate, analyze and translate environmental public health data to support public health policy, interventions and education in New York City. Funds also support web-based applications that provide data to stakeholders, such as academic institutions, not-for-profit organizations, government officials, government agency programs, and members of the public.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	K-Force Consulting
2. Subaward Date:	August 1, 2012
3. Subaward Number:	5U38EH000939-02
4. PPHF Funding Amount:	\$73,022.40
5. Subaward Purpose:	The NYC Tracking Program has developed a public data portal that provides indicators of environmental public health and sustainability to educational institutions and students, policy makers, other governmental officials and members of the lay public. This subaward enables us to expand and enhance this online tool so that it better answers the needs of its users. We have spent \$42,992 of the subaward funds during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	K-Force Consulting
2. Subaward Date:	August 1, 2012
3. Subaward Number:	5U38EH000939-02
4. PPHF Funding Amount:	\$126,000.00
5. Subaward Purpose:	The NYC Tracking Program has developed a secure data portal to support environmental health programs that reside in the Offices of Food Safety, Pest Control and Child Care; the Poison Control Center; and emergency response, generally. The secure portal provides secure access to reports and data analyses that aid programs in ensuring efficient and effective services. A total of \$44,680 has been spent during the reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$722,000.00
8. Award Number:	5U38EH000940-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The Connecticut Department of Public Health received continuation funding from the Centers for Disease Control and Prevention (CDC) for the continued development, improvement, and support of the Connecticut Environmental Public Health Tracking (CT EPHT) Network and both the public and secure CT EPHT Portal. The EPHT grant currently funds two full time staff: the Principal Investigator and Epidemiologist who is responsible for network/portal development and maintenance and an epidemiologist who is responsible for data collection, analysis, and submission of nationally consistent data and measures to the CDC. The grant also funds one staff at twenty five percent - an epidemiologist who is responsible for outreach, program marketing, and education and training. All CT EPHT funded staff also work on national CDC EPHT workgroups, attend workgroup conference calls, and other national efforts as needed.</p> <p>The primary work of the CT EPHT Unit is to continue to support and enhance the CT EPHT Portal. The CT EPHT Portal is based on the Microsoft Business Intelligence platform. This platform allows the CT EPHT Unit to stand up both a public and secure portal in the same environment. The CT EPHT Portal contains the required nationally consistent data and measures as listed in the grant documentation. Additionally, the CT EPHT Portal is used and supported by other program areas as a reporting platform, increasing the overall value of the CT EPHT Portal.</p> <p>A large majority of the CT EPHT Portal development and support comes from external vendors. The Connecticut Department of Public Health does not have the internal information technology resources to develop, host, and support the CT EPHT Portal (public and secure).</p> <p>Other areas supported by the EPHT funding include annual support for geographic information system licensing/maintenance which provides mapping and geocoding capability for the CT EPHT Unit and includes environmentally related questions on the annual Connecticut Behavior Risk Factor Surveillance System (BRFSS).</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Metrostar
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000940-02
4. PPHF Funding Amount:	\$103,600.00
5. Subaward Purpose:	<p>MetroStar is the primary vendor that supports the Connecticut Environmental Public Health Tracking (CT EPHT) Portal (both public and secure). The Connecticut Department of Public Health (CT DPH) does not currently have the internal staff to develop, implement, and support the CT EPHT Portals. MetroStar is used to provide information technology and software development services so the CT EPHT Unit can meet all EPHT grant objectives regarding public and secure portals.</p> <p>Efforts provided by MetroStar are consistent with other information technology related projects including requirements gathering, development, testing, deployment, and support. CT EPHT Portal enhancements include work on adding new nationally consistent data and measures to the CT EPHT Portal and modifying existing portal feature/functionality to align the data and measures with the Centers for Disease Control and Prevention (CDC) National Portal. Additional support and training on the Microsoft Business Intelligence software suite are also provided to the CT EPHT Unit as needed.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Florida Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$963,629.00
8. Award Number:	5U38EH000941-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	For Environmental Public Health Tracking (EPHT) Network Implementation activities, the Florida Department of Health used these funds to pay for program and Information Technology experts who have expanded the web-based data query system (referred to as the State Portal) at http://www.floridatracking.com . In addition, a State Secure EPHT Portal is now available at http://www.fltracking.net . These web-based systems include nationally consistent datasets, standard documentation (metadata), visualization tools such as reports, charts, and graphs, and public health messaging. Health outcome and environmental hazard data are posted for multiple years and jurisdictions inside Florida, and these data sets were also sent to CDC for inclusion on the National EPHT Portal. These data sets include measures on air quality, water quality, asthma/heart attack hospitalizations and emergency department visits, carbon monoxide poisonings, birth defects, reproductive outcomes, lead poisoning, and cancer. Data measures have been expanded to include built environment, climate-related vulnerabilities, and occupational health. Additional CDC requirements that were completed during this time frame include an evaluation of web portal usage, provision of a risk communication plan for dealing with sensitive issues, participation on mandatory national EPHT workgroups, and completion of program management templates that include a description of public health interventions and relevant publications.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of South Florida Birth Defects Surveillance Program
2. Subaward Date:	8/1/2012
3. Subaward Number:	5U38EH000941-02
4. PPHF Funding Amount:	\$117,000.00
5. Subaward Purpose:	The University of South Florida Birth Defects Surveillance Program is under contract with the Florida EPHT Program to provide active surveillance of selected birth defects in a multi-county catchment area, and to investigate the potential linkage between air quality data and birth defects prevalence. The active surveillance component involves medical records abstraction and database management of highly sensitive data. The air quality analysis involves looking at air toxics modeling data from selected counties and determining if any relationship exists with the known distribution of birth defects.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Florida, Department of Statistics
2. Subaward Date:	8/1/2012
3. Subaward Number:	5U38EH000941-02
4. PPHF Funding Amount:	\$44,104.00
5. Subaward Purpose:	The UF Department of Statistics will perform detailed spatial modeling of environmental and health data as a part of analyzing and aggregating such data for inclusion in the Florida and National EPHT Networks. The modeling of this data will provide a predicted surface of exposure that can be used to compare rates of asthma and myocardial infarction from different geographic areas. The two health outcome datasets (asthma and MI hospitalizations) will be provided by the Florida Agency for Health Care Administration through the Florida EPHT program. This data has already been successfully transferred electronically to the Florida EPHT program via Secure File Transfer Protocol (SFTP), and has been extended to UF in the same manner. UF will analyze the geographic distribution of these health outcomes and test for spatio-temporal associations with the environmental hazards listed above, using statistical methods, such as Bayesian hierarchical modeling or spatial Poisson regression, for the individual data sets. In addition, UF will analyze socio-economic variables like the rate of poverty, education level, race, etc to examine potential confounders.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Miami - Florida Cancer Data System
2. Subaward Date:	8/1/2012
3. Subaward Number:	5U38EH000941-02
4. PPHF Funding Amount:	\$41,010.00
5. Subaward Purpose:	UM has performed the following activities: 1) Participate on the CDC Cancer Content Workgroup (CWG) Calls and provide a written report on progress made during the calls. 2) Travel to attend related CDC Content workgroup meeting or workshop. 3) Provide assistance to the Florida Department of Health to complete the Cancer Workgroup's indicator documents using Florida Cancer Registry Data for selected cancers, including Selected Cancers Metadata template, Selected Cancers Data table shell, and Selected Cancers Data dictionary. Florida has agreed to update cancer indicators using guidance from the CWG Cancer Team, and FCDS has helped to calculate cancer rates for the EPHT health outcomes of interest.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,099,445.00
8. Award Number:	5U38EH000942-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The New York State Department of Health (NYSDOH) recognizes the needs and benefits of a nationwide Environmental Public Health Tracking (EPHT) program, and was awarded funds to enhance existing capacities. The development, linkage and analysis of health outcome and environmental exposure or hazard data are critical to understanding potential associations between health and the environment, helping to evaluate the impact of public health interventions, and assisting in the tracking of progress towards Healthy People 2020 objectives.</p> <p>During the current reporting period, we are implementing a plan for improving the sustainability of the NYS EPHTN while also updating existing content and developing new indicators and measures using nationally adopted standards and architecture. This objective will streamline the data management process and facilitate continuity as the program evolves in the future. The data warehoused on this platform includes Nationally Consistent Data and Measures (NCDM), common to all state EPHT programs, that are and presented on state EPHTNs and submitted to CDC for the National EPHTN, as well as other key indicators and measures that are a priority to individual states.</p> <p>Progress has been made on several other key objectives during the current reporting period. To better integrate data and provide more functionality, we are adding capabilities to allow multiple displays of maps, tables, charts from different content areas, including metadata (information about the data). Staff have discussed proposals for comprehensive data utilization and analysis plans to systematically perform descriptive and other analyses of the spatial and temporal patterns of health outcomes and environmental exposures and hazards, and will disseminate the results to the public, and state and local public health authorities. We are also working with other NYSDOH programs to develop a readily accessible, online interactive map for the NYSDOH public website which would provide information about community investigations and other studies related to contaminated sites (e.g. public health assessments and consultations, health statistics and outcomes reviews, fact sheets) from 2000 through the present.</p> <p>Program staff continue to build partnerships and are participating in several collaborative projects that utilize the existing tracking data. This includes a project with EPA, Battelle, and the Maryland Department of Health to link air pollution models with cardiorespiratory health outcomes and a project with CDC, the National Birth Defects Prevention Network, and other EPHT grantee states to study air pollution and clefts.</p> <p>Ongoing activities include obtaining data and creating datasets for NCDMs and other key health and environmental indicators, assessing the need for new indicators or measures, and coordination with other EPHT-funded states and other partners to move forward on the vision for a comprehensive National EPHTN.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Maine Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,004,719.00
8. Award Number:	5U38EH000943-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Maine's Environmental Public Health Tracking Program (ME EPHT) has updated and enhanced state public health information, disseminating it through our interactive, web-based data portal; provided CDC with data according to nationally consistent standards; and assumed leadership roles in national workgroups charged with improving the practice of environmental public health. We have also evaluated the effectiveness of statewide and local prevention activities, state policies, and systems in Maine that monitor health outcomes. For all of our activities, ME EPHT has worked side-by-side with epidemiological and communications professionals procured through a contract with the University of Southern Maine. Our recent work has focused on enhancing our online data portal to include interactive maps of community-level information about health outcomes or risk factors. We deployed this new functionality first in collaboration with Maine's lead poisoning prevention program. Staff can create maps to compare the residence of children with lead poisoning to other metrics, such as pre-1950 housing, in order to plan local prevention activities and monitor changes. We are now deploying interactive mapping to assess private well water contaminants, such as arsenic and uranium, because a higher percentage of our population relies on private wells for its drinking water than nearly any other state. Further, we are developing community-level maps of low birth weight rates using a geographical aggregation tool that may enable us to look for differences in rates between small areas and hypothesize about why these differences exist. We are also expanding our online data portal to include information related to the changing climate. Lyme disease data were made available on our portal in December 2012, allowing state and local partners to track the annual increase in Lyme disease incidence and geographic spread of the disease across the entire state. We will be expanding the data portal in 2013 to include the prevalence of heat-related illness in Maine. As part of an effort to make the online data portal more accessible, user-centered, and informational, we have nearly completed a set of enhanced web pages. These web pages will allow visitors more direct access to the data that is of interest to them while providing updates and news, and highlighting ways the data portal is being used to improve public health. Beyond enhancing our online data portal, we have several data utilization projects underway. We are completing an evaluation of our carbon monoxide poisoning surveillance system, as well as using tracking data to evaluate the impact of CO detector prevalence on reducing the rates of CO poisoning. Lastly, we are evaluating the impact of press stories about arsenic in well water on the requests for well water tests.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern Maine
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000943-02
4. PPHF Funding Amount:	\$369,320.00
5. Subaward Purpose:	<p>Through a contract between the Maine Center for Disease Control and Prevention within the Maine Department of Health and Human Services and the University of Southern Maine, contracted staff have provided fully integrated epidemiology and health communication services to the Maine Environmental Public Health Tracking Program (ME EPHT). Epidemiology services provided include leading the ME EPHT team through many of the enhancements and updates to the ME EPHT web-based data portal. For example, Contracted staff have managed the preparation of data for new and existing data on the ME EPHT and national data portals, collaborating with data stewards and users, and staying up to date on national data standards and best practices through participation in national workgroups. Further, contracted epidemiologists developed and implemented enhanced mapping functionality that allows users to map community-level information about health outcomes or risk factors. As a result, staff can now create maps to compare the residence location of children with lead poisoning to other metrics, such as pre-1950 housing, testing prevalence, and Census data, in order to plan local prevention activities and monitor changes. Contracted epidemiology staff are now working to deploy interactive mapping to assess private well water contaminants, such as arsenic and uranium. Additional geospatial analytical services provided through this contract include developing community-level maps of low birth weight rates using a geographical aggregation tool that may enable ME EPHT or other stakeholders to identify differences in rates between small areas and hypothesize about why these differences exist. Another area of work under this contract includes in-depth epidemiological analyses. Contracted staff have led collaborative efforts to: 1) evaluate the ME EPHT carbon monoxide poisoning surveillance system to improve reporting of carbon monoxide (CO) poisonings and in turn improve ME EPHT's understanding of and ability to prevent CO poisonings; 2) analyze the impact of CO detector prevalence on reducing the rates of CO poisoning; and, 3) evaluate the effectiveness of earned media as a public outreach tactic by assessing the impact of press stories about private well water quality on requests for well water tests. In the area of communications services, contracted staff have led ME EPHT's efforts to increase use of the data portal by developing a communications and training plan, developing presentations and trainings for potential data portal users, and leading the ME EPHT effort to build an enhanced set of web pages. These web pages will allow visitors more direct access to the data that is of interest to them while providing updates and news, and highlighting ways the data portal is being used to improve public health.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$943,851.00
8. Award Number:	5U38EH000944-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>New objectives for Year 2 include: 1) Expand current datasets on hospitalization and vital statistics. One immediate consequence of EPHT's greater visibility is that the EPHT chronic disease data now available from the MTN are being used as if they were the data steward's complete dataset. Users of the MTN would like to have access to the complete data available from the data stewards. Meetings are now being held with data stewards to explore the possibility of obtaining and displaying the complete data steward dataset from the MTN secure and public portals. (2) Develop analytical strategies for selected datasets (asthma, MI, and birth defects) within EPHT. This initiative has involved the collaboration with data stewards on two activities, carrying out descriptive statistical analyses for each dataset now available on the MTN and starting activities that can lead to completed public health actions. (3) Develop MTN public and secure portal datasets and data selection, analysis and display tools that will contribute to improvements in the health of Maryland residents who live in communities disproportionately impacted by environmental hazards. (4) Explore data sharing with non-funded EPHT states in the mid-Atlantic region. This topic was discussed at the July 19, 2012 Mid-Atlantic Environmental Health Directors meeting. Meeting participants included representatives from VA, DE, WV, DC, and MD. The MD EPHT offered to provide technical and financial assistance to non-funded EPHT states who were interested in establishing their own tracking network and become part of the mid-Atlantic regional network. The District of Columbia successfully set up its own tracking network and became part of the DC-MD regional network in December 2012. Current discussions are underway to also establish the Kentucky Tracking Network and include this State in the Mid-Atlantic Regional Network. 5) Continue with year 1 carry-forward data activities that include development of new measures for Harmful Algal Blooms (HABs), pollen, Aerosol Optical Depth (AOD)/fine particulate matter (PM2.5) fused surface and occupational events that could become new Nationally Consistent Data and Measures (NCDMs). 6) New IT objectives include implementing a gateway infrastructure for NCDMs and metadata among multiple tracking sites in the National Tracking Network, developing and implements tracking/Public Health Information Network (PHIN) messaging and data exchange standards among partners and developing and implementing cross-portal searching strategies.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maryland Department of the Environment
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000944-02
4. PPHF Funding Amount:	\$34,848.00
5. Subaward Purpose:	<p>Scope of Work: A Memorandum of Understanding (MOU) is now in place between DHMH and MDE. This MOU includes support for the Co-PI and another MDE employee who will facilitate the completion of the private well water data transfer project. This individual will electronically re-route private water well laboratory measurements to the Oracle database at MDE. The water project is now in the final stages of completion. It will permit, for the first time, the electronic transmission of private water well laboratory results from the MDE Oracle Database at MDE to the EPHT Oracle database at DHMH. The private water well water results will be available through the MTN secure portal, once they have been stored in the Maryland EPHT Oracle database.</p> <p>Method of Accountability: Successful completion of assigned work objectives, as described in the Maryland EPHT cooperative agreement application, by agreed-upon deadline.</p> <p>Itemized Budget and Justification: The total value of this MOU is \$34,848. The amount of \$21,637 covers 10% of the Co-PI's salary and supplies. Another \$13,211 pays for 20% of the salary and fringe benefits of the GIS analyst/Database Administrator who will be responsible for obtaining and processing private water well laboratory results.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Univeristy of Baltimore
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000944-02
4. PPHF Funding Amount:	\$100,751.00
5. Subaward Purpose:	<p>Scope of Work: A Memorandum of Understanding (MOU) has been established between DHMH and the University of Baltimore (UB). This MOU includes funds for the services of the Internet Programmer/Oracle Database Administrator. Responsibilities include maintaining the Maryland Tracking Network (MTN) public and secure portals, and the associated Environmental Health Bureau web page. This person will be required to also design and maintain new EPHT web pages. Other responsibilities include maintaining/modifying metadata files and the keyword metadata search engine.</p> <p>Method of Accountability: Successful completion of assigned work objectives, as described in the Maryland EPHT cooperative agreement application, by agreed-upon deadline.</p> <p>Itemized Budget and Justification: The total value of this MOU is \$100,751. It includes funds for the full time employment of the Internet Programmer/Oracle Database Administrator position. Salary is based on an hourly wage of \$39.00, plus fringe benefits and UB overhead costs.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Maryland, College Park
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000944-02
4. PPHF Funding Amount:	\$245,000.00

5. Subaward Purpose:	<p>Scope of Work: A Memorandum of Understanding (MOU) has been established between DHMH and the University of Maryland, College Park (UNCP). EPHT funds are used to pay for the services of the Information Technology (IT) Academic Consultant. The IT Academic Consultant and members of his team created the MTN public and secure portals for the Maryland EPHT cooperative agreement. Funds are provided to maintain the MTN public and secure portals. The second activity will be the completion of the data loader and polygon aggregation tools for the MTN. MTN data updates will be carried out by the EPHT Coordinator/ Epidemiologist, Council of State and Territorial Epidemiologists (CSTE) Fellow and the EPHT Oracle Database Administrator/Geographic Information System Analyst. The third activity will be to complete the EPHT version of the Water Quality Exchange (WQE) project. This software interface will permit the transfer of private water test results from local health department in the State to the MDE Oracle database, and from there to the MTN secure portal. To analyze the private water well data drop-down menu selection options will be programmed to control the use of various R statistical packages. This R analytical capability and private water well data will be available only from the MTN secure portal. The Academic IT Consultant, who is also a Professor of Public Health at UMCP, will assist with the analysis and display of Maryland EPHT data. The last activity will involve developing smart-cellular telephone applications for one outreach activity.</p> <p>Method of Accountability: Successful completion of assigned work objectives, as described in the Maryland EPHT cooperative agreement application, by agreed-upon deadline.</p> <p>Itemized Budget and Justification: The total value of this MOU will be \$245,000. There are six components in this MOU that include MTN maintenance (\$50,000), implementation of the data loader and polygon aggregation tools (\$35,000), WQX project private water well data (\$40,000), R statistics implementation and drop-down menus (\$50,000), smart phone MTN applications for 8th grade and 11th grade EPHT curricula (\$15,000) and analysis of EPHT data (\$55,000).</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Johns Hopkins Preventive Medicine Residency Program
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000944-02
4. PPHF Funding Amount:	\$50,400.00
5. Subaward Purpose:	<p>Scope of Work: A Memorandum of Understanding (MOU) between DHMH and the Johns Hopkins University Preventive Medicine Residency Program has been ratified. This contractor will be asked to provide physician residents for the entire 12 months in year 2. The contractor will provide 4-6 different residents who each will spend between two to three months with the Maryland EPHT. Each resident will have an advanced medical degree and an MPH degree. Projects to be completed will include outreach, public health actions and data analysis. The major data analysis project for the current year is the analysis of heat deaths that occurred in Baltimore and the rest of the State in summer 2012. If time permits during their DHMH/EPHT rotation the residents will be asked to also participate in CDC Program Marketing and Outreach (PMO) conference calls and the bi-monthly MTN Utilization meetings. The residents will be supervised on-site by Dr. Servatius, Maryland EPHT outreach coordinator, and Dr. Mitchell, the PI.</p> <p>Method of Accountability: The contractor will provide the medical residents. When the medical residents are at DHMH, they will be required to complete assigned projects in outreach, public health actions and analysis/interpretation of the 2012 Maryland health death dataset. Another requirement will be to write and turn in other written reports or work on other EPHT projects as requested by the two on-site supervisors.</p> <p>Itemized Budget and Justification: The total value of this MOU will be \$50,400. This amount will cover the payment of 12 monthly stipends for 4-6 residents.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,048,968.00
8. Award Number:	5U38EH000945-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The Massachusetts Department of Public Health, Bureau of Environmental Health (BEH), maintains a state Environmental Public Health Tracking (EPHT) portal containing a variety of health and environmental data, statistics, and maps provided at geographic levels ranging from statewide to census tracts. The overall goal of the MA EPHT program is to provide ready access to health and environmental data to address community concerns in a timely manner and to provide various stakeholders with information for decision-making. The MA EPHT program data can also form the basis of hypotheses for studies to address potential environmental causes of disease.</p> <p>During the August 1 through December 31, 2012, period, BEH complied with CDC's 2012 Fall Data Call by submitting required data on hospitalizations, emergency department visits, birth defects, and drinking water. In addition, BEH continued tracking state-specific health measures, such as pediatric asthma and diabetes. BEH repeatedly used EPHT data to address community concerns, responding to requests for EPHT data and interpretation from over a dozen MA communities during this time period. BEH also used EPHT data in a Health Impact Assessment (HIA) for a transportation project in Massachusetts. On the technical side of the MA EPHT portal, BEH completed a new data model that will enhance data queries and data uploads. In addition, BEH is transitioning hosting of the portal from a private contractor to the state Information Technology Division. Finally, BEH is working to enhance the overall functionality of the MA EPHT portal, increasing dynamic query capabilities across multiple data sets and adding new data to the portal (e.g., locations of mammography facilities and accompanying inspection results). The BEH PI continues to act as a national spokesperson on the utility and importance of EPHT data in helping to drive decision-making that benefits public health. During this period, the PI presented on the use and importance of EPHT data to the National Conference on Disease Clusters in Washington, DC, and to the national meeting of the State Environmental Health Directors (of which the PI is the chair). The PI was also an invited speaker to the American Public Health Association annual meeting in San Francisco on using EPHT data to inform public health policy and regulatory change. Locally, BEH staff attended multiple stakeholder meetings during this period, e.g., of local public health and academic officials and health care providers, to promote EPHT for its broad application potential. For example, the PI was filmed for a video about BEH work on cancer concerns in Ashland, MA, in which EPHT is featured as a valuable resource for identifying potential cancer clusters. The video will be used at the Harvard School of Public Health illustrating how EPHT has advanced health surveillance and hence offers opportunities to prevent disease.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	SpotOn Systems, Inc
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000945-02
4. PPHF Funding Amount:	\$61,600.00
5. Subaward Purpose:	The Massachusetts state portal is currently hosted outside of the state due to technology and resources constraints with the intent to bring the portal in-house in the longer term after IT is able to support it. The Commonwealth of Massachusetts grants contract awards based on the state fiscal year cycle, 7/1 – 6/30. The approved application amount for these services is \$73,800, we awarded \$61,600, and the balance of our approved application amount, \$12,200, will be used to support hosting services.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Massachusetts State Network Maintenance and enhancements contract
2. Subaward Date:	TBD
3. Subaward Number:	5U38EH000945-02
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	This contract has not been awarded at this time (approved application amount: \$35,871). The purpose of this contract is to continue to enhance the functionality of the state network and add data updates to required NCDMs, as well as additional state non-NCDMs. During Year 1, the state network is being enhanced to have map-centric features for queries. It is expected that additional enhancements may be implemented during Year 2. New required NCDMs that may be implemented during Year 2 will also need to be added along with the associated content, FAQs, metadata, and other requirements for the networks.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Missouri State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,000.00
8. Award Number:	5U38EH000946-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>During this reporting period, the Missouri Environmental Public Health Tracking program has spearheaded the effort to integrate the multiple data sources within the Missouri Department of Health and Senior Services. Included in this integration is the transition to a new web based query engine to be used for all public data access. In addition, the program has designed and implemented a new agricultural chemicals interactive mapping application that displays both actual values and land use percentage for four common agricultural chemical classes by county. The program has also completed the research, analysis, design, and implementation of both 20 occupational and 70 community and infrastructure indicators. These indicators display community trends and health. The measures are a new and developing area of community health looking beyond population demographics.</p> <p>Outreach efforts have focused primarily on preparing and presenting at home shows, health fairs, and community events, as well as the promotion and distribution of Missouri's annual Fish Advisory. A demonstration series has been planned and scheduled for early 2013. These demonstrations are targeted to local public health agency staff and will be held regionally throughout the state.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	New Hampshire Department of Health And Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$715,892.00
8. Award Number:	5U38EH000947-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	The New Hampshire Environmental Public Health Tracking (NH EPHT) Program is in the second year of a three year award to maintain and improve state-based tracking of environmental hazards, human exposures, and public health impacts. The goal is to improve decision making around environmental health issues, and prevent or reduce public health impacts such as cancer, poisonings, chronic disease and related costs. The activities within of the first year's proposal and budget emphasized maintenance of current staffing, improvements to content, key investments in IT infrastructure, planning of data utilization actions, and investments in a vendor to assist with evaluating 'information user' needs. The activities within the second year will be continued maintenance of content and IT networks, expanded investment in a vendor to improve data utilization via a network user feedback system, investment in health education staff for communications and outreach activities, and a strategic collaboration with other CDC-funded programs for data surveillance and outreach. The proposed outcomes of Year 2 include an improved reporting system for the EPHT web portal (via WISDOM), an expanded base of users for our products and services, and a stronger link between public health impacts and policies to improve environmental health outcomes. In regards to resource use, the budget for Year 2 directs funds towards support of a part-time health promotion position, and a vendor to improve data utilization activities to expand our base of users. During the reporting period of July to December 2012, the NH EPHT Program has successfully completed the four outreach deliverables required under a contract with the John Snow Institute (see subaward details below), and successfully maintained epidemiology staff support via a contract with the NH Department of Environmental Services.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NH Department of Environmental Services (DES)
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U38EH000974-02
4. PPHF Funding Amount:	\$79,764.00
5. Subaward Purpose:	Due to differences between the State of New Hampshire fiscal year that begins on July 1, and the federal award period that begins on August 1, we have chosen to list July 1, 2012 as the actual 'Subaward Date'. This Subaward contract will provide staff support from the state environmental agency to the state health agency. The purpose of this interagency program is to improve the tracking of environmental hazards, (such as radon, air pollutants, and water contaminants), potential human exposure to these hazards, (such as radon in indoor air) and adverse health outcomes (such as lung cancer). Deliverable #1 is for the contractor to provide a staff member with skills in epidemiology to gather and analyze environmental data that can provide information on the relationship between environmental hazards and public health outcomes. The public can use this information to take steps to protect themselves from unnecessary exposure to harmful agents. The Department of Health and Human Services and Department of Environmental Services have cooperated on this project for the past four years and have successfully developed an interactive website where both environment and health data are made available to the public. The transfer of funds to Department of Environmental Services via the Memorandum of Agreement will provide the funding necessary to support that agency's on-going participation in the project.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	JSI Research and Training Institute (dba Community Health Institute. Bow, NH)
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U38EH000974-02
4. PPHF Funding Amount:	\$73,784.40
5. Subaward Purpose:	Due to differences between the State of New Hampshire fiscal year that begins on July 1, and the federal award period that begins on August 1, we have chosen to list July 1, 2012 as the actual 'Subaward Date'. The objective of this Subaward contract is to identify the needs of the target audience and then to create, implement, and evaluate an outreach plan that will make disease prevention products and services (web-based health information, written environmental health issue briefs, oral presentations and training sessions) available to those who will use them. Deliverable #1 requires the contractor to review the current communications plan for its ability to present key national and state environmental health messages to the target audience. Deliverable #2 calls for the contractor to evaluate target audience needs, including a review of past efforts and work with the target audience to see how well the existing services are meeting their needs. Deliverable #3 will be the development of a feedback process so that members of the target audience can deliver timely feedback in order that EPHT services can be tailored to better meet the needs of the audience. Deliverable #4 will be the development and testing of an outreach plan.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	New Jersey State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$795,691.00
8. Award Number:	5U38EH000948-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Description of Award: The New Jersey Department of Health (NJDOH), in cooperation with the New Jersey Department of Environmental Protection (NJDEP), is funded by the Centers for Disease Control and Prevention (CDC) to build and maintain a sustainable Environmental Public Health Tracking (EPHT) Network for the State of New Jersey (NJ), and to participate in the building of the national EPHT Network. The NJ EPHT public portal, www.nj.gov/health/epht, was initially deployed in December of 2008. New Jersey's EPHT Project uses the New Jersey State Health Assessment Data (NJ SHAD) system to disseminate Tracking data and measures. Information in NJ SHAD is available as static indicator reports or via flexible dynamic dataset queries. NJ EPHT is committed to turning NJDOH and NJDEP health and environmental datasets into useful publically available information.</p> <p>Status as of 12/31/12: During the August through December 2012 interval, the NJ EPHT Project continued to work collaboratively with data stewards and others to track specific hazard, exposure and health outcome data; conform to defined EPHT standards and architecture guidelines; develop and provide accurate metadata on EPHT content; provide both public and secure access to EPHT data resources through State web portals; contribute data to the national EPHT portal; and collaborate on multiple data utilization projects. The data utilization projects focus on potential associations between environmental exposures and health. Specific studies underway include: an investigation on the association among ozone, pollen, and pediatric asthma; an investigation on the utility of real-time emergency department intake information for surveillance of heat-related adverse health outcomes; and an ongoing project to develop a methodology that integrates multiple environmental stressors and health outcome data for enhanced public health, environmental protection and restoration efforts to areas of the state potentially more stressed than others.</p> <p>A total of 181 static indicators are publicly available on the NJ SHAD system. Fifty-one of the 68 published NJ EPHT indicators are Nationally Consistent Data and Measures as required under the Award. New Jersey data sets available for custom query using NJ SHAD include: birth data (1990 – 2009); death data (1990 – 2008); and infant and fetal mortality data (2000 – 2008). Queryable cancer incidence and mortality data (1990 – 2009) are provided on the NJDOH website for cancer statistics, http://nj.gov/health/ces/cancer-rates.shtml.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Jersey Department of Environmental Protection
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000948-02
4. PPHF Funding Amount:	\$222,300.00
5. Subaward Purpose:	<p>During the interval of August 1 - December 31, 2012, the NJDEP worked closely with its EPHT partners at NJDOH on Tracking-related activities including:</p> <p>Implemented several enhancements to the National Environmental Information Exchange Network (EN) Browser, for EPHT data sharing, using EPHT and EN funding. The EN Browser is a tool used by US EPA and states to share environmental data based on data and file standards, and secure web services over the internet. The Browser was adopted by NJ EPHT for sharing EPHT environmental data sets, and currently includes air, drinking water, private well testing, radon testing, and contaminated site cleanup data.</p> <p>Continued to work with the EN Leadership Council, the EPA, and the CDC, including presentations at national conferences, to encourage state and federal agencies reuse of this existing technology for EPHT efforts, as all 50 states already use the EN to report and share environmental data.</p> <p>Developed and published a new data flow, radon testing of homes. This flow provides up to the minute monitoring results using data elements identified by the EPHT task force and following EN data and schema standards. New Jersey radon data is available on the EN Browser and flow components and documentation will soon be made available to EPHT for reuse.</p> <p>Developed and published 3 new indicators on the NJ Tracking public portal: radon testing of NJ homes; radon remediation of elevated homes; and beach closings. The new indicators were published in October 2012.</p> <p>Developed a data flow for ambient air radiation monitoring data. This data set provides hourly averaged monitoring data, in real time, from stationary radiation monitors located around New Jersey's nuclear power facilities. Funded through a Homeland Security grant, the data flow will be published via the EN Browser and the indicator will be available via the NJ Tracking public portal, once testing is complete. Flow components and documentation will be made available to EPHT for reuse.</p> <p>Enhanced existing state-specific content on the NJ public portal including: ten air toxic indicators using NATA 2005 data, private well location data cleanup, drinking water NCDMs and water service area updates, and ongoing contaminated site data cleanup.</p> <p>Initiated development of a method for evaluating multiple environmental stressors on communities, as well as a policy for providing restoration and enhanced protection of those communities. NJDEP is working closely with its NJDOH EPHT partners to develop the method and use of environmental data sets that align with EPHT data. The method's data output will be used to help identify areas with cumulative environmental stressors needing a closer look, and will help focus state resources on environmental and public health actions to help reduce stressors and potential adverse health effects from environmental exposures.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,000.00
8. Award Number:	5U38EH000949-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>New Mexico Environmental Public Health Tracking Program (NMEPHT) continues to focus on enhancing the NMEPHT Network and improving environmental health through surveillance to identify, prioritize, and mitigate detrimental environmental exposures and associated adverse health outcomes. We are accomplishing this by integrating the Network with the NM Indicator-Based Information System (NMIBIS); enhancing, geocoding and developing core data sets; exploring data linkages of exposure and health outcome data; conducting epidemiologic and statistical analyses; and developing data dissemination capabilities. Work continued on the integration of the NMEPHT-NMIBIS for Nationally Consistent Data and Measures' (NCDMs) implementation, the migration of existing NCDMs to the new interactive data query system, and development of new NCDMs such as community drinking water quality. New datasets and metadata were developed and submitted to CDC for the Fall 2012 Data Call. This included updating the birth defects, hospitalization, and emergency department visits datasets with 2010 data and updating the community drinking water dataset with 2011 data. All core nationally consistent data and measures are readily available to multiple organizations through the National Network. A Web-based application with multiple user roles allows varying levels of access to data and analytical functions. With the integration of NM-IBIS and EPHTN, EPHTN provides IBIS with health data implementation and query building support and IBIS provides EPHTN with an enhanced health data set. NM has implemented both secure and public user applications and the Project web site. A new sub-county geography has been developed and implemented on the public portal for data query, i.e., NM Small Areas. Small Area data and maps are available on both NM-IBIS and NMEPHT. NMEPHT designed and conducted a collaborative arsenic exposure biomonitoring project in Northern Albuquerque, NM. This included participant recruitment, specimen collection, securing educational resources, Human Subjects Review, exposure survey development and administration, and laboratory analysis of drinking water and urine samples for arsenic and other metals. 92 volunteers participated. Drinking water arsenic speciation analysis revealed that all but one sample contained arsenic +5 species. This form of arsenic in drinking water is available for treatment with reverse osmosis. QA/QC reviews of the laboratory reports continue as laboratory reports arrive. This project will be completed during the next reporting period. A linkage analysis conducted by NMEPHT revealed heat-stress is a growing concern in public health. "New Mexico Heat Stress Surveillance, 2008-2010," was published in New Mexico Epidemiology, December 21, 2012 Volume 2012, Number 12; the analysis utilized Tracking emergency department visits data. NM submitted to CDC the Communication/Training/Outreach plan, which has imbedded progress measures for evaluation.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The University of New Mexico Earth Data Analysis Center (UNM EDAC)
2. Subaward Date:	09/09/2012
3. Subaward Number:	5U38EH000949-02
4. PPHF Funding Amount:	\$174,994.96
5. Subaward Purpose:	<p>UNM EDAC continued to maintain, develop, and enhance data-related, analytical, and technical components for the New Mexico Environmental Public Health Tracking (EPHT) System/Portal (NM Tracking). Additionally, EDAC continued to develop and to host currently deployed data provider services to the Portal. The NM Portal provides a secure, publicly accessible, Web-based mechanism to exchange data and information between data stewards and users and between the NM and CDC EPHT Portals. The Portal also offers opportunities to discover and visualize data and to explore relationships between environmental exposures and potential health outcomes. To achieve this, the Portal provides data access through an on-line data registry, making environmental public health information, especially Nationally Consistent Data and Measures (NCDM), and standardized metadata available for query, visualization, analysis, download, and report generation. To ensure data security, the application incorporates secure Internet transmissions, encrypted messaging, and authenticated and authorized user roles in all communications between NMEPHT and the NCDM provider NM-IBIS and other distributed data providers. The NM Tracking Portal consists of a content management system (CMS) for text- and graphics-based information and an interactive, dynamic data analysis, visualization, and reporting application (AVR). EDAC performed CMS updates and upgrades, and enhanced the CMS through new templates, modules, editing tools, and styles. EDAC created a new banner for the Tracking Portal, new content pages, and a suite of new, dedicated pages that NMEPHT program staff can populate for Health Alert Network (HAN) notifications. These pages also provide HAN-specific Web usage statistics for program/campaign analysis. EDAC performed CMS platform updates to enhance security and compatibility. EDAC enhanced AVR components for charts and for metadata search and search results. Chart features provide better data display for improved visualization and analysis. Metadata search enhancements include more comprehensive filtering and search-results displays that provide options to read specific metadata-record information rather than the entire record. EDAC also represents the NMEPHT Program as the Technical Representative to national EPHT workgroups. Participation in workgroups was for the Standards and Network Development Workgroup (SND), its Network Architecture and Metadata Subgroups, and its Metadata Usability and Metadata Training Teams. An EDAC representative serves as lead for the Metadata Training Team. EDAC also participated in the Geospatial Workgroup and its Visualization Guidance Team. Workgroup involvement consisted of meeting attendance and participation, providing detailed information when EDAC had expertise in an issue, developing and delivering a presentation on Web services in the NM Tracking Portal, and developing and recording training videos for the EPHT Metadata Creation Tool.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clark Reynolds & Co.
2. Subaward Date:	10/03/2012
3. Subaward Number:	5U38EH000949-02
4. PPHF Funding Amount:	\$35,800.00
5. Subaward Purpose:	<p>The purpose of this work is to record medical abstracts for children diagnosed with birth defects and provide the Birth Defects Surveillance system with all records. This involves completing and/or verifying submitted medical record abstracts on children diagnosed with birth defects and following up on incomplete or ambiguous electronic information. There are twenty seven birthing hospitals in New Mexico that report their data. Twenty one hospitals were contacted and submitted 56,920 medical records (six hospitals did not submit birth defects records during this reporting period). One genetic laboratory reported. There were two prenatal clinics that reported 58 prenatal records. Work on the Birth Defects Surveillance Manual included revision of the manual outline and the first 3 chapters.</p> <p>In addition, the contractor collects emergency department (ED) visits data to support tracking asthma, cardiovascular diseases including myocardial infarction, heat stress, carbon monoxide poisoning, and other Environmental Public Health Tracking health outcomes. This work involved conducting telephone follow-up to all emergency department (ED) providers, discussing and resolving reporting problems for ED data. There are 34 New Mexico hospitals with EDs that report their data and all 34 hospitals were contacted to request the 2011 ED visits data. Thirty two hospitals submitted the data. There were 645,730 individual unduplicated records received and verified. Seven hospitals submitted incomplete data and these data will be resubmitted. Two hospital(s) have not submitted or have submitted incomplete data. Trainings of the new management analyst in the birth defects and emergency department visits data collection and databases management have begun to transfer knowledge.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Oregon State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,000.00
8. Award Number:	5U38EH000950-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Science: Science Team worked closely with IT to refresh datasets and assure data quality for the new portal release. We submitted hospitalization data during the fall data submission. We published an agency paper, "DMV records are a valuable resource for obesity surveillance in Oregon", and submitted a pared-down version for review prior to publication. A GIS intern developed county and city-scale maps of obesity rates using DMV records. We're wrapping up work on the final piece of our data utilization plan.</p> <p>IT: Launched a new release of our public portal (EPHT 4.0) to reorganize the query structure, include new map features and refresh all datasets except lead and water. EPHT 5.0 project plan was developed to include updated lead and water data and introduce enhanced interactive maps and indicators of community design, population characteristics, obesity, harmful algae blooms (HABs) and heat- and HAB-related illnesses.</p> <p>Outreach: We completed the annual Communications Plan, including an evaluation of last year's plan. We gave an oral and a poster presentation on the use of DMV records for obesity surveillance at the annual Oregon Public Health Association Conference. We also presented Oregon Tracking and DMV/obesity info to a class of undergraduate and graduate-level students at Oregon State University's College of Public Health and Human Sciences. Oregon Tracking Facebook page had 177 fans at year end.</p> <p>Oregon Technical Advisory Group (OTAG): OTAG met 10/24/12. We discussed outcomes from the Atlanta P/PM Strategic Planning meeting and gave an update on our portal projects. We brainstormed ways to better collaborate in using EPHT information and expertise to drive public health actions. During the discussion we touched on our data utilization plan, DMV/Obesity data, collaborative partners and opportunities, and how to track public health actions.</p> <p>Collaborations: We're working with the division's chronic disease program to target obesity information to that related to sugar-sweetened beverages for the upcoming legislative session. We've started collaboration with our section's Radon Program, in conjunction with Portland State U., OR Dept. of Geology & Mineral Industries and the OR Cancer Registry. We started by improving existing radon testing data and producing high-resolution maps in conjunction with January's Radon Action Month. We will follow up by examining lung cancer for potential associations with radon levels and look at existing geologic info on potential radon sources.</p> <p>Administrative: Completed the quarterly PMT and EVM tools and annual Final Progress Report.</p> <p>Birth Anomalies Registry: In the process of hiring a full-time epidemiologist. Awaiting final data use agreements with the hospitalization and vital stats data stewards to enable full database development.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,000.00
8. Award Number:	5U38EH000951-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The Wisconsin Environmental Public Health Tracking (WI EPHT) Program has successfully delivered all Nationally Consistent Data and Measures (NCDMs) on both the secure and public portals in Wisconsin and the national portals at CDC. All NCDMs have been updated and maintained during the reporting period. Additionally, the Program has identified and currently uses datasets that are not required for core NCDM development in order to enhance to availability of data for the public and secure portals. Furthermore, the Program is prepared to fully respond to requests for core NCDM data in 2013. Usability testing is regularly completed on the public portal to improve functionality, appearance, and content. A stepwise protocol has been established for obtaining access to data on the WI EPHT secure portal. Searchable metadata allows users to further explore available data. The Program continues engagement in a number of activities to promote the identification of common needs and resource sharing. One example is continuing the Biomonitoring Study (through the Survey of the Health of Wisconsin) to collect data from a sample of Wisconsin residents on biological levels of toxicants. The WI EPHT Program continues work with the University of California – Berkeley to investigate relationships between asthma-related health outcomes and air pollutants. The EPHT Program is also working with the University of Illinois at Chicago to combine state-supplied data on drinking water, as well as adverse birth outcomes and cancer. The WI EPHT Program collaborates with the University of Wisconsin Electronic Health Record – Public Health Information Exchange (PHINEX) to link electronic medical record data with asthma risk/control outcomes. WI EPHT continues work with the Technical Advisory Group (TAG) to gain feedback and input from members about WI EPHT performance relating to CDC grant objectives. Training and outreach activities have focused on the usefulness and usability of the public and secure portals. The WI EPHT Program continues existing data sharing agreements and collaborative relationships with all data stewards for required topic areas. Three specific public health actions were identified and submitted to the EPHT Program's project officer to document the value of the EPHT networks and products. The EPHT Program has created a communication plan that includes its outreach plan, risk communication plan, and training plan. EPHT Program staff actively participate in workgroups addressing development of existing NCDMs and functionality requirements on the state and national portals. The EPHT Program closely monitors visits and page views to the web portal, as well as domain names of visitors to the website.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Wisconsin State Laboratory of Hygiene
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000951-02
4. PPHF Funding Amount:	\$212,500.00
5. Subaward Purpose:	<p>The personnel responsible for the development and maintenance of the Wisconsin Public Health Information Network (WI PHIN) are employed by the University of Wisconsin State Laboratory of Hygiene. The Environmental Public Health Tracking (EPHT) Network leverages the WI PHIN infrastructure and supporting personnel. The budgeted values are based on an estimated percentage of total WI PHIN costs that will directly contribute to the EPHT Network. Personnel provide general support for multiple functions of the general network including: GIS, metadata capture and documentation, data transfer, PHIN-MS compliance, database administration, project management, and system analysis. Funding also is directed to platform services (servers, system software, security, and system administration).</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Wisconsin Department of Population Health Sciences
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000951-02
4. PPHF Funding Amount:	\$206,156.00
5. Subaward Purpose:	<p>The funding provided in this subcontact supports numerous personnel who are essential for the day-to-day operations of the Environmental Public Health Tracking (EPHT) Program, including the public and secure portals. A principal investigator/supervisor is necessary to facilitate interactions with the EPHT program manager. The senior epidemiologist serves as the EPHT Program's lead epidemiologist and is responsible for quantitative analyses and developing data formats appropriate for the EPHT network. The senior epidemiologist is supported by the junior epidemiologist, who assists with necessary tasks. The evaluation specialist provides evaluation services for the EPHT Program, as well as related expertise and technical assistance regarding evaluation. Travel costs for all personnel for work-related conferences are built into this subcontact as well. Per funding agency requirements, out-of-state travel is budgeted for staff to attend conferences and work group meetings specifically related to EPHT, as well as a reverse site visit in Atlanta. Funding also covers in-state travel for meetings with partners for training and information purposes.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Pennsylvania State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$815,858.00
8. Award Number:	5U38EH000952-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The purpose of the PA EPHT program is to establish and maintain a statewide tracking network to obtain integrated health and environmental data and use it to provide information to support actions that improve the health of communities.</p> <p>PA EPHT continued throughout the first five months of year-2 (8/1/2012-12/31/2012) of the three-year CDC award to maintain the existing required NCDMs. PA EPHT also uploaded data to during the fall data call.</p> <p>PA EPHT continued existing partnerships with the United States Geological Survey (USGS), the University of Pittsburgh Graduate School of Public Health (U. Pitt, an EPHT academic partner), PADEP (a partner and data provider), the Pennsylvania Health Care Cost Containment Council or PHC4 (a data provider), PADOH's Bureau of Information Technology (BIT), Bureau of Health Statistics and Research or BHSR (a data provider), Bureau of Family Health or BFH (a data provider), and other internal partners, to ensure the success of the program.</p> <p>Over the course from August 2012 through December 2012 of year-2 of the current award, PA EPHT accomplished the following:</p> <ul style="list-style-type: none"> Participated in required portal development - internal and external. Built strong relationships with PA data providers and potential data providers, PADOH's BHSR (PA Cancer Registry, Vital Statistics, Birth Defects), Bureau of Family Health (Childhood Blood Lead Poisoning), PHC4 (the major state provider for hospitalization data), and the Real-time Outbreak Detection System (RODS) laboratory Collaborated with U. Pitt on the Asthma Prediction Model and its deployment to complete work due in year-2 Played key leadership roles on CDC's workgroups – e.g., Co-Chairing (Dr. Jayanth Devasundaram) the Network Architecture Sub Group (NASG) of the Standards and Network Development (SND) Workgroup and staff participation in SND's Geography and Metadata Sub Groups. Staff also regularly participated in meetings of the Content Workgroup (Hospitalization, Air Quality, Water Quality, and Cancer) and of the Program Marketing and Outreach (PMO) Workgroup Completed required metadata and XML formatted data and uploads to CDC via Secure Data Upload Held one of two Technical Advisory Group meetings (12/12/2012) required in year-2 Met all requirements for reporting, included the quarterly Earned Value Management (EVM) reports and the quarterly Program Management Tool (PMT) report Participated in regularly scheduled conference calls with the PA EPHT, CDC Project Officer Attended all required the October PI/PM workshops in Atlanta Remained fiscally responsible and stayed under budget

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	United States Geological Survey
2. Subaward Date:	8/28/2012
3. Subaward Number:	5U38EH000952-02
4. PPHF Funding Amount:	\$23,483.00
5. Subaward Purpose:	<p>United States Geological Survey (USGS) and Radon Aggregation Data</p> <p>PA EPHT continues in year-2 (8/1/2012-12/31/2012) to work with USGS on its Radon Aggregation Model: radon exposure has been identified as the second-leading cause of lung cancer and is of primary concern in Pennsylvania since specific geologic units within the state are known to be enriched in uranium and thorium, which produce radon gas through radioactive decay. Accumulation of the radon progeny in the lungs can cause cancer. There is a need to further examine environmental characteristics and indoor radon occurrence throughout the state in order to characterize the distribution of potential indoor radon problem areas in Pennsylvania.</p> <p>Indoor radon occurrence data from over one million households have been collected by the Pennsylvania Department of Environmental Protection (PADEP) from 1990 – 2006. These data will be converted from the original format into a format usable for analysis in a geographic information system (GIS), aggregated according to geologic unit, and displayed according to census blocks or another appropriate spatial resolution that protects homeowner privacy. Environmental and geologic data from the USGS, Pennsylvania Bureau of Topographic and Geologic Survey (PAGS), and Natural Resources Conservation Service (NRCS) will also be associated with the aggregated indoor radon data to help describe the factors associated with elevated indoor radon.</p> <p>Aggregated radon data are being used to create a statewide spatial dataset depicting radon occurrence and distribution to update, further refine, and identify potential indoor radon problem areas in Pennsylvania. The resulting dataset will also be included as a functional layer within the public portal of the PA EPHT, designed to inform Pennsylvania's citizens of possible environmental risks to human health.</p> <p>USGS has already submitted a year-one report on the radon aggregation modeling and has presented the outline of its radon aggregation modeling at the PA EPHT TAG meeting on December 12, 2012.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Pittsburgh Graduate School of Public Health
2. Subaward Date:	8/1/2012
3. Subaward Number:	5U38EH000952-02
4. PPHF Funding Amount:	\$18,000.00
5. Subaward Purpose:	<p>Asthma Prediction Model</p> <p>To date, there is no adverse air quality warning system in Pennsylvania that utilizes both air quality information and human health data. PA EPHT's goal is to use current air quality data to predict conditions during which sensitive populations (asthmatics and heart disease patients) should limit outdoor time and physical activity. This project in year-2 (8/1/2012-12/31/2012) with the University of Pittsburgh Graduate School of Public Health (U. Pitt) is building upon the collaborative project entitled "asthma real time surveillance using Emergency Department (ED) visits" at the University of Pittsburgh Medical Center (UPMC) and the Allegheny County Health Department (ACHD). The ACHD receives data on ED visits from a system serving approximately 60 percent of the population of the surrounding county. The U. Pitt Academic Partners at EPHT for Excellence (UPACE) in Environmental Public Health Tracking (EPHT) is working with de-identified information on ED visits for linkage with air pollution data for the same area.</p> <p>The U. Pitt team is working toward acquiring hospital admission data for all counties in Pennsylvania as well as acquiring meaningful air pollution data for the Commonwealth. The air monitoring information will be obtained through the United States Environmental Protection Agency (USEPA) data base on ambient air pollutants, and data available from the EPA fusion model that is based on statistically fusion of air and deposition surfaces using space-time Bayesian fusion model.</p> <p>Spatial and temporal analytical models and case cross over analyses are being employed specifically for the study of hospital admissions for this discrete time period. Through PA EPHT, an effort will also be made to obtain Real-time Outbreak Detection System (RODS) chief complaints data for all PA ED visits for asthma. This will provide a more expansive dataset with regard to asthma exacerbations and greater case ascertainment.</p> <p>U. Pitt has already presented a preliminary report on its year-1 asthma prediction modeling to PA EPHT – and the activities for the year-2 expansion of the modeling was presented by U. Pitt at the PA EPHT TAG meeting on December 12, 2012.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Public Health Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,099,998.00
8. Award Number:	5U38EH000953-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>The California Environmental Health Tracking Program (CEHTP) is housed in the California Department of Public Health through an agreement with Public Health Institute, which serves as fiscal agent for the cooperative agreement. This cooperative agreement supports California's contribution to the national Environmental Public Health Tracking (EPHT) Network and development of an infrastructure for environmental health surveillance in California.</p> <p>During the funding period CEHTP continued to make advances in environmental health surveillance related to improved public health in California. Important data on environmental and health measures were compiled and submitted to the CDC's national EPHT program in the fall of 2012, including hospitalizations and emergency department visits for asthma, heat-stress, carbon monoxide poisoning, and myocardial infarction, as well as birth defects data. On the CEHTP web portal, additional cancer data were added through 2009. Data were also incorporated on heat-related deaths, hospitalizations and emergency room visits. The usability of the CEHTP web portal and its components was assessed and stakeholder input was used to significantly re-design the home page to improve accessibility to the public.</p> <p>CEHTP continued to implement, maintain, and develop the drinking water service area boundary, pesticide, geocoding, and traffic tools on the web portal, and provided extensive support to stakeholders using these tools for research and public health action. The traffic volume linkage tool provided new census tract and zip code level traffic pollutant exposure data to the Cal/EPA Office of Environmental Health and Hazard Assessment, for use in a statewide cumulative impacts screening tool.</p> <p>CEHTP engaged in statewide outreach efforts to increase awareness and use of CEHTP resources by conducting demonstrations, presentations and trainings with a variety of stakeholders. Two quarterly newsletters were disseminated to over 850 recipients. A semi-annual meeting was held of the Tracking Implementation Advisory Group, which is comprised of 27 members representing local, state, and national government, community-based and non-governmental organizations, academia, and the private sector. CEHTP staff also provided strategic input for the national program at the EPHT strategic planning meeting in Atlanta, GA this fall.</p> <p>CEHTP neared completion of its first annual environmental health surveillance report, enhancing existing data sources to measure the use of agricultural pesticides in proximity to schools in California. Significant outreach was conducted with county agricultural commissioners, local public health officials, community-based organizations, and other state agencies to inform this assessment and improve the methodology. Publication of the assessment is planned in the near future.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lobo Geo, LLC
2. Subaward Date:	09/6/2012
3. Subaward Number:	5U38EH000953-02
4. PPHF Funding Amount:	\$133,827.00
5. Subaward Purpose:	<p>Mr. Wolff, Principal of Lobo Geo, provided application development, management, and training consulting services to CEHTP and provided expert consultation on all the information technology aspects of the Tracking Implementation project during the grant period. He ensured that CEHTP continued to meet all requirements for metadata, public and secure portals, and specifications and deadlines for infrastructure implementation to exchange data with national program repositories. He oversaw the maintenance of metadata services infrastructure, implemented cross-portal searching strategies to facilitate data discovery, refreshed metadata as new content areas were added, and guided the submission of nationally consistent data and measures as well as associated metadata to CDC's national EPHT program. He also collected and summarized web usage statistics for the CEHTP web portal to guide strategic planning.</p> <p>Mr. Wolff provided leadership and focused application development time for the enhancement of CEHTP's various web tools, and maintained the extremely popular CEHTP geocoding service by updating reference databases, migrating the Browser-Based Geocoder on the Internet to new servers and upgrading base platform versions. He upgraded and enhanced the CEHTP Traffic Linkage Service and used it to provide linkage services for several exposure assessment health studies. He also used CEHTP's Pesticide Web Mapping and Linkage Services to analyze pesticide usage and conducted linkage with geographically enhanced school boundary data for the Annual Surveillance Report.</p> <p>He maintained the secure infrastructure for controlled user access to data and services at the CEHTP gateway and portal, allowing authenticated and authorized users on the secure portal to have customized, role-specific sessions and access non-public, content-specific query systems and tools/services. He continued to provide customized access to the tools and datasets, enabling varying levels of permissions for viewing, creating, and updating content on the secure portal.</p> <p>Mr. Wolff continued to lead CEHTP's Drinking Water Quality Spatial Enhancement project, including testing and improvement of Water Boundary Tool, and engagement of water stakeholders at the local, regional, state, and national levels. He assisted stakeholders in using data provided by the Water Boundary Tool for research studies such as a drinking water affordability study by the Pacific Institute, and a USGS/State Water Board study of nitrate in domestic drinking water wells in the Salinas Valley. He also prepared water data and indicators for the web portal and for submission to CDC, and provided crucial leadership in the development of drinking water indicator and exposure methods for the national EPHT program.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,000.00
8. Award Number:	5U38EH000954-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	The Utah Environmental Public Health Tracking Network (UEPHTN) holds contracts with 6 data partners, 3 of which contain amounts above \$25,000. These 3 programs are the Utah Birth Defect Network (UBDN), the Utah Center for Health Data (CHD), and the Unified State Laboratories: Public Health. These data partners assist the UEPHTN in various activities that fulfill grant requirements. Funds provided to the UBDN will be used to assist in the implementation and integration of the birth defect component of the UEPHTN. Funds will support UBDN staff including a Surveillance Coordinator, Utah Birth Defects Network Director and a Medical Epidemiologist. The UBDN will also use funds to perform one or more linkage studies. The CHD will use funds to maintain and support enhancements to the Utah Indicator-Based Information System for Public Health (IBIS-PH), that serves as the Utah EPHTN public and secure information portal. Staff within the CHD will use funds to create, update and enhance IBIS-PH Query System Modules, maintain and update IBIS-PH Reports Administration System and Indicator Reports, and support a major restructuring of the IBIS-PH portal to support correction of deficiencies as required in the grant such as multiple database queries, saved queries that can be used as dynamically updated indicators or linked to as well as shared on popular social networks, and advanced display output with the latest dynamic maps, charts, and tables capable of being displayed side by side with a second query. The CHD will also use funds to create and program a new, updated UEPHTN website with a more user-friendly interface and an updated-look-and-feel. The Unified State Laboratories: Public Health will use funds for blood spot biomonitoring, including infant blood spots that are measured for heavy metals, including blood lead levels. The EPHT will work with each of these contractors, or data partners, on a regular basis to fulfill EPHTN grant requirements.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Utah Birth Defect Network (UBDN)
2. Subaward Date:	08/02/2012
3. Subaward Number:	5U38EH000954-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Funds provided to the UBDN will be used to assist in the implementation and integration of the birth defect component of the UEPHTN. UBDN staff includes a Surveillance Coordinator, Utah Birth Defects Network Director, and a Medical Epidemiologist that will determine linkage requirements, data fields, and assist with data submission, GIS and other data analysis. Funds will also be used for the purpose of performing one or more linkage studies as proposed by the UBDN director. The UBDN will participate in monthly conference calls to report on progress of contract activities and will complete requested progress reports to the UEPHTN Program Manager.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Utah Center for Health Data (CHD)
2. Subaward Date:	08/02/2012
3. Subaward Number:	5U38EH000954-02
4. PPHF Funding Amount:	\$285,000.00
5. Subaward Purpose:	The CHD, within the Utah Department of Health (UDOH), will use funds to maintain and support enhancements to IBIS-PH, serving as the UEPHTN public and secure information portal. An IBIS-PH Query System Manager will create, update and enhance IBIS-PH Query System (IBIS-Q) modules, including creating new data set modules, adding query functionality to existing modules such as trend analysis, and adding new variables where feasible. The IBIS-PH Query System Manager will also oversee IBIS-Q testing and de-bugging. An IBIS-PH Indicator Report Administration System Manager will maintain and update the IBIS-PH Indicator Reports Administration System and Indicator Reports by working with EPHT Indicator Owners and Editors to enhance the Indicator Administration System so that the EPHT Indicator Reports are easier to maintain and better able to provide easy access to EPHT-related information on IBIS-PH. The IBIS-PH Indicator Report Administration System Manager will also work with software development and UDOH staff to explore implementing social media on IBIS-PH. Funds will also support major restructuring of the IBIS-PH portal to support correction of deficiencies as required in the RFA. This will include major technical restructuring to allow simultaneous multiple database queries, saved queries that can be used as dynamically updated indicators or linked to as well as shared on popular social networks, and advanced display output with the latest dynamic maps, charts, and tables capable of being displayed side by side with a second query. An IBIS-PH Query System SAS/CGI Programmer will perform updates and re-engineering of the IBIS-Q SAS/CGI back end to accommodate ArcGIS integration, security, dual query and will build on dual query capability to display side-by-side tables, graphs and maps. Funds will also support an IBIS-PH Software Developer who will program saved query capability into IBIS-Q and evaluate this functionality to allow automatic updates to IBIS Indicator Reports. The IBIS-PH Software developer will also integrate dual query capability into the IBIS web-based view system, evaluate best practices for maintaining and updating the functionality of IBIS-PH and taking into account other public health data visualization and dissemination efforts that could be used in IBIS-PH. The IBIS-PH Software developer will also help design and program a new UEPHTN website with an update look-and-feel with more user friendly navigation to ensure easy access to EPHT data and information. UEPHTN will provide CHD with requirements and needs and acceptance documentation for the applications to be developed. The UEPHTN manager and CHD director will meet on a monthly basis to review and further define the project process.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Unified State Laboratories: Public Health
2. Subaward Date:	08/01/2012
3. Subaward Number:	5U38EH000954-02
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Funds will be provided to the Unified State Laboratories: Public Health conducting an ongoing biomonitoring project using newborn blood spots. These funds are used for the lab to sample and test newborn blood spots submitted to the laboratory in 2009 and 2010 for five heavy metals: arsenic, cadmium, mercury, and uranium. The laboratory samples a population-weighted number of newborn blood spots for each county in Utah to be tested for the five heavy metals. Analytical results are provided to the EPHTN for analysis. The EPHT will work with the Utah State Lab as required. Requirements will be based on the regular processing of blood spot biomonitoring data for the EPHTN.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Environmental Public Health Tracking Program
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,099,121.00
8. Award Number:	5U38EH000955-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>This Cooperative Agreement supports Washington State Department of Health's participation in development and implementation of the National Environmental Public Health Tracking Network (EPHTN). The Networks' goal is to improve public and professional access, awareness and investigation of health and environmental exposure data and information to address current and emerging public health threats. This includes data that contribute to improved public health understanding and response to chronic disease and adverse health outcomes.</p> <p>During this reporting period, we worked with the Centers for Disease Control and Prevention (CDC) and other grantees to explore, develop, and implement policies and development activities contributing to further achievements toward the vision for EPHTN. We maintained our public and secure restricted-access portals containing required nationally consistent data and measures (NCDM). Consistent with agreement expectations and agency development priorities, our local efforts focused on enhancement of our public and secure portal function, content, and awareness to support state and local public health improvement activities. During this reporting period, we:</p> <ul style="list-style-type: none"> • Participated on various National EPHTN work groups including Standards and Network Development and Content (air, drinking water, lead poisoning, vital statistics, hospitalization, climate change, cancer, biomonitoring and geospatial). Our participation contributed to national and state content planning and development alignment. • Sent updated state data for CDC to include on the National EPHTN portal. • Designed and implemented upgrades to our information technology architecture to improve long-term maintenance efficiencies, and improve the ease for adding new content and functions. • Added new cancer information (esophageal, kidney, larynx, liver, melanoma, mesothelioma, pancreas and oral/pharynx) to our secure portal. • Expanded our ambient air quality content area by including state agency collected air monitoring data along with new indicators. • Gathered and assessed information to gage the effectiveness of outreach and educational activities in order to improve future communication efforts. <p>We worked to build state and local partnerships. This includes collaborative opportunities where projected results have synergistic public health value. An example includes collaboration with our Biomonitoring Program to characterize and provide public access to arsenic biomonitoring and drinking water arsenic concentration data to aid local awareness and mitigation efforts to protect public health.</p> <p>We continue to update and expand our portal content and function to address state and national public health needs, as well as update our information technology to improve efficiencies for long-term sustainability.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Association of Health Data Organizations
4. Recipient Name:	National Association of Health Data Organizations (NAHDO)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,000.00
8. Award Number:	SUE1EH000707-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>Project aimed at facilitating access to statewide health care data sets that are source data sets for state & national EPHT applications. Activities directed toward enhancement, expansion & use of health care data sets by Tracking network to support the following goals.</p> <p>1: Promote access to & the use of health care data in Tracking applications 2: Education & Outreach on priority topics 3: Facilitate CDC Tracking program goals</p> <p>Promote access to & the use of health care data in Tracking applications Served as a liaison between Tracking grantees & state health care data stewards, as needed for data acquisition. Available for consultation & tech assistance with individual Tracking grantees & workgroups on data access & use issues.</p> <p>1.1 Continued Hospitalization Workgroup & technical sub team participation Participated in hospitalization CWG & relevant subteams, serving as a resource for hospital discharge, ED data & other data bases. Served as co-lead of hospitalization CWG. Leads Cross Border Admissions & APCD sub teams & continued to support other sub teams.</p> <p>1.2 Alerting Tracking about changes to National Standards Initiatives Participates in monthly national standards & maintenance organizations calls. Posts updates to website. Provided update on standards at annual conference.</p> <p>1.3 Assist in the identification of new health care data sets & new measures for Tracking Continued to work with the Tracking states & CDC to explore opportunities related to enhancing, improving & filling gaps in current measures. APCD data & observations stays are priority.</p> <p>1.4 Assessing healthcare data exchange practices Designed survey to better understand healthcare data exchange practices in grantee states, including assessment of linkage capabilities. Draft of survey shared with CWG for feedback. Survey to be programmed into SurveyMonkey in January.</p> <p>1.5 Continue to populate Healthcare Data Systems Technical Resources Site Updated healthcare data systems technical resource site at www.nahdo.org with new material & reviews existing material for relevancy & currency.</p> <p>Education & Outreach on Priority Topics 2.1 Webinars on priority topics. Hosted ICD-10 webinar. Summary of the discussion, webinar audio & slides disseminated via website.</p> <p>2.2 A session at the NAHDO conference on a session on a priority Tracking NAHDO hosted its 27th annual conference 10/12. Agenda sessions with implications for Tracking: Federal-State data Connections & Improving Data Systems to Reduce Disparities. Session on measures developed from core APCD data set at APCD conference. Slides& audio from sessions on website.</p> <p>Facilitate CDC Tracking program goals Strengthens collaboration between NAHDO & CDC, health data programs & Tracking project staff at local levels. Works across numerous national & state health initiatives & draws on these experiences to inform the CDC & Tracking about crosscutting issues. Continues to disseminate program information & news from the Tracking network.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	National Association of Public Health Statistics and Information Systems
4. Recipient Name:	National Association of Public Health Statistics and Information Systems (NAPHSIS)
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,000.00
8. Award Number:	5UE1EH000759-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.538
11. Summary of Activities:	<p>NAPHSIS continues to proceed towards the goals and objectives of our program in support of the Environmental Public Health Tracking Network (EPHTN).</p> <p>Regional Meetings During this grant period NAPHSIS held four regional meetings. Midwest Regional Meeting: St. Paul, MN- September 27-28, 2012 Northeast Regional Meeting: Silver Spring, MD - October 25-26, 2012 Southern Regional Meeting: Greenville, SC – November 1-2, 2012 Western Regional Meeting: Salt Lake City, UT – November 8-9, 2012 At the Midwest Regional in St. Paul, MN and Northeast Regional at Silver Spring, MD, Dr. Patricia Potrzebowski, NAPHSIS Executive Director, provided an update on the NAPHSIS activities related to the EPHTN program. At the Southern Regional in Greenville, SC and Western Regional at Salt Lake City, UT, Dr. Sukhjeet Ahuja provided an update on EPHTN-related NAPHSIS activities.</p> <p>NAPHSIS Website The NAPHSIS website was updated by adding links to the Tracking Network's Tracking in Action: Workforce Implementation course available on NEHA.</p> <p>NAPHSIS – NCHS Research Proposal Review Process NAPHSIS has an agreement with the National Center for Health Statistics (NCHS) for the re-release of restricted natality and mortality files, as well as the linked birth/infant death files for national data. This process promotes collaboration among vital records, health statistics, and health information systems professionals in providing environmental and health data information to policy makers. In the current grant period so far, NAPHSIS conducted 94 NCHS data request reviews for researchers requesting national mortality, natality and linked birth/infant deaths files. Out of these requests, 86 were approved, and 8 are currently under review.</p> <p>EPHTN Content Work Group – Vital Statistics Data Team Dr. Sukhjeet Ahuja has been co-leading the Vital Statistics Data Team (VSDT) along with Steve McDonald of Washington State. Dr. Ahuja has been participating in the monthly conference calls for the VSDT. He has contributed in developing the work-plan for the VSDT and reviewing other recommendations and related documents for the CWG.</p> <p>NAPHSIS Structured Interviews In order to achieve the NAPHSIS objectives mentioned above for the current grant period, NAPHSIS conducted 11 structured interviews with the Vital Records offices of the EPHTN funded jurisdictions. These structured interviews will help in identifying any issues or barriers that may exist in the process of developing a successful partnership between a state's EPHTN program and Vital Records office.</p> <p>Online Cause of Death Training Module NAPHSIS collaborated with New York City Department of Health and Mental Hygiene to develop a generic 'Cause of Death' training module for physicians and others completing the cause of death on death certificates. NAPHSIS has been distributing this web-based module to its membership via its FTP (File Transfer Protocol) server and via CD Rom.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_NAMCS/NHAMCS Enhancement
3. Award Title:	Expanding NAMCS and NHMACS Data on Preventive Services
4. Recipient Name:	US Census Bureau
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$10,203,346.00
8. Award Number:	12FED1210645
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	<p>The data that NAMCS/NHAMCS currently provide could be more useful to policymakers interested in preventive services if modifications were made to the design to increase sample sizes and the scope of information collected. For example, data for certain conditions are only collected for patients for one visit when it would be more useful to collect data on those patients over time, and sample sizes are too small to make estimates for local geographic areas.</p> <p>The work covered by this agreement will address these shortfalls, and greatly improve the availability of data to analyze preventive services that physicians and hospital outpatient departments deliver to patients. NAMCS and NHAMCS will collect additional data on key preventive services through implementation of a "lookback" module, administered in NAMCS physician offices and NHAMCS outpatient departments. For certain health conditions that put patients at risk of heart disease and stroke, this module will allow interviewers to abstract specific preventive services provided and patient risk factors from prior visits that the patient made to the sampled provider within the previous 12 months. The lookback module will extend the length of time needed to obtain data from some medical records, which will increase labor expenses. Funds from this agreement will pay for these increases.</p> <p>The NAMCS sample of physicians will expand beyond its traditional size so that estimates will be available at the state level. This will benefit national and state policymakers by providing a baseline and ability to monitor the effects of policy changes.</p> <p>These enhancements required that the survey move to a computer-assisted data collection method and interviewers will need to be trained in how to use the new application. This agreement will provide funds for the specialized training required for successful implementation of this project.</p> <p>In addition, FY 2012 funds will be used to perform a small quality-control re-abstraction study of NAMCS and NHAMCS visits.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	SRA
2. Subaward Date:	9/15/2012
3. Subaward Number:	Contract #200-2010-F-35288
4. PPHF Funding Amount:	\$892,736
5. Subaward Purpose:	<p>Task Two-- Data Management Services for Additional 2012 and 2013 NAMCS Sample</p> <p>(Period of performance: August, 2012 to April 2014)</p> <p>For CY 2012 data collection, the National Ambulatory Medical Care Survey (NAMCS) will collect data from additional physicians beyond what had been collected as part of the core survey. SRA will assist with coding the additional medical information collected from the NAMCS patient record forms. For CY 2013 data collection, in addition to the additional data items, the NAMCS will collect data from an additional 15,200 physicians beyond its traditional sample also increasing the amount of coding that will be necessary.</p> <p>NCHS anticipates that each physician will yield on average 9.15 patient record forms, for a total of 139,080 forms.</p> <p>SRA shall transmit the coded data electronically to NCHS within 10 working days of receipt of the raw data through the NCHS Secure Data Network.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	GEARS (Global Evaluation & Applied Research Solutions)
2. Subaward Date:	09/20/2012
3. Subaward Number:	Contract #200-2010-F-37358
4. PPHF Funding Amount:	\$500,918
5. Subaward Purpose:	This contract is solely funded by ACA funds. It provides support services for the Division of Health care Statistics to design and test the computerization of data collection systems, design and test of the look-back module, expand the NAMCS sample, and analyze survey results. This contract funds multiple contractors.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_NHIS
3. Award Title:	Health Interview Survey
4. Recipient Name:	US Census Bureau
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$12,990,000.00
8. Award Number:	12FED1210653
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	<p>Funds paid the Census Bureau to update the National Health Interview Survey (NHIS). These updates meet the requirements of the Affordable Care Act (ACA) to provide increased capability for producing estimates to track the effects of ACA at the state level. Projects included:</p> <ul style="list-style-type: none">• Augmenting the size of the NHIS sample to increase the capability for providing state-level estimates,• Including additional questions on the NHIS to measure the early effects of ACA,• Planning and testing an approach to more economically augment the size of the NHIS by using both Computer-Assisted Personal Interviewing (CAPI) and Computer-Assisted Telephone Interviewing (CATI), and• Conducting a follow-back survey of NHIS respondents to continue to measure the effects of the ACA.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_BRFSS
3. Award Title:	Information Management Services for CDC/BRFSS/GSPS
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$525,775.80
8. Award Number:	200-2010-37217-0019-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Participated in project focusing on producing a report of social determinants of health (SDoH); Began development of a measurement model for the Adverse Childhood Experiences (ACE) module; Participated in meetings to discuss and implement small area estimation using R; Provided consultation regarding the use of propensity scores to identify study control groups using BRFSS; Initiated actions to update the Cortal Reporting model for BRFSS applications; Initiated project to research technology refresh for BRFSS analysis tools; Discussed with project officer the preparation of first newsletter with state-based content.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_NAMCS/NHAMCS Enhancement
3. Award Title:	National Healthcare Surveys
4. Recipient Name:	SRA International, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$892,736.00
8. Award Number:	200-2010-F-35288-00009
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Using an SRA developed document control and data management system, staff code, and key-enter information from each survey form. Survey forms capture medical and nonmedical information via checkboxes and handwritten notes. SRA staff assigns appropriate ICD-9 CM codes for all diagnoses and procedures recorded for each survey and additionally assign NCHS reason-for-visit codes and NCHS drug codes for the PRF's received as part of the NAMCS and NHAMCS studies. SRA's customized data management software system checks for duplicates; uses lookup tables; and upon completion of each record, runs range checks, logic checks, and valid code checks to ensure the validity of the data. Data entry/document control staff is expected to maintain a 98% accuracy rate and our medical coders are expected to maintain a 95% accuracy rate. However over the past 9 years SRA data entry/document control and coding staff have documented close to 99% accuracy rating for the project. Project requirements include 100% independent rekey on all induction forms and 10% independent quality control review of all coded and keyed data. In addition to the project requirements SRA QA staff generates case file validation review prior to exportation pulling up to an additional 20% of the project to ensure that data exports are held to the highest standards, expectations and requirements.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_NAMCS/NHAMCS Enhancement
3. Award Title:	Support Services of Division of Health Statistics
4. Recipient Name:	Global Evaluation and Applied Research Solutions
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,918.00
8. Award Number:	200-2010-F-37358-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Data from the expanded sample size for NAMCS and lookback module for NAMCS and NHAMCS have been coming to NCHS for processing. GEARS data processing and computer programming staff have been supporting this effort.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_BRFSS
3. Award Title:	Sample Records and Reports for the Behavioral Risk Factor Surveillance System
4. Recipient Name:	AUS Marketing Research Systems, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$468,987.80
8. Award Number:	200-2011-F-37713-00008
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The quarterly customized BRFSS sampling frame was re-created to accommodate specific sampling specifications for Quarter 4 2012 and Quarter 1 2013. This included providing various population counts for each geographic stratum. For geographic strata smaller than a county, we first provided prefix inclusion reports in order to select those prefixes that best served the given geography. Analogously, for strata targeting demographic subgroups we provided prefix reports that contained household and population estimates. We then generated the needed samples quarterly. However, the samples were screened and delivered on a monthly basis. In order to implement the special Disproportionate Stratified Sampling (DSS) methodology for BRFSS, we utilized Telecordia data products to accurately identify prefixes that provide land line telephone service. For each geographic stratum we created two density substrata: one consisting of all listed numbers and one including all unlisted numbers within the so-called 1+listed 100-series banks for the given geography. Based on the specifications provided by the CDC, we used a sampling ratio of 1.5-to-1 for selection of telephone numbers from the listed and unlisted substrata, respectively. Additionally, we generated probability-based samples in US Territories like Puerto Rico, US Virgin Islands and Guam. A specially devised non-list-assisted Random Digit Dial (RDD) sampling methodology was used for selection of samples. We also provided a comprehensive sampling frame for the selection of cellular RDD samples. For this purpose, we used information from Telcordia to isolate all 1000-series telephone blocks dedicated to cellular devices. For geographies smaller than state or an area covered by a single area-code we utilized rate center boundaries. Also provided was an interviewer-attended screening process, GENESYS-CSS, that identified the majority of the non-productive numbers. During this process RDD land line numbers, including listed residential numbers but excluding listed business numbers, were screened by our specially trained interviewers. GENESYS-CSS identified the vast majority of business and non-working numbers, including those with or without tri-tones, fax/modem lines, as well as those with other dispositions. The process also identified both dedicated cellular and ported landline-to-wireless numbers on a real-time basis. Following specifications provided by the CDC, the RDD land line sample files were screened monthly through GENESYS-CSS to produce the most current disposition results. The telephone numbers delivered were coded either as working, non-working, business, Pro-T-S identified cell phone, or interviewer-identified cell phone. For those states that sent out pre-notification letters, the RDD land line telephone numbers were merged against various commercial databases to obtain as many matched addresses as possible.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS VSCP Special Projects Arizona
4. Recipient Name:	Arizona Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$248,590.00
8. Award Number:	200-2012-50799-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The PPHF funds were awarded to the Arizona Office of Vital Records (OVR) to fund the development and implementation of the 2003 birth certificate standard format by January 1, 2014 as required by the VSCP contract with NCHS. The contract requires the standard to be implemented for all Arizona births occurring on or after that date.</p> <p>To date the development of the Electronic Birth Registration System (EBRS) for in-state births was completed by the ADHS development team and beta testing was conducted. System testing was completed by staff at the OVR under the direction of project lead, James Tessier. Currently the development team is performing bug fixes on forms and reports of the EBRS defined by the OVR after testing was completed. An assessment of the system performance that would affect the EBRS has also been conducted.</p> <p>Training material has been developed and completed for all system users and an aggressive training effort was initiated.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]	
1. Subaward Recipient Name:	Comsys Information Technology Services, Inc.
2. Subaward Date:	10/16/2012
3. Subaward Number:	EPS070113-10-A2:63, EPS070113-10-A2:72, EPS070113-10-A2:64,
4. PPHF Funding Amount:	\$54,576.00
5. Subaward Purpose:	To aid in the development and testing of the EBRS 2003 Standard for hospital births and the EBRS Administration Module. After development and initial testing, both modules will be released to the OVR for testing by OVR.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]	
1. Subaward Recipient Name:	Carrier McCabe, Inc
2. Subaward Date:	10/01/2012
3. Subaward Number:	200-2012-50799-0002
4. PPHF Funding Amount:	\$137,280.00
5. Subaward Purpose:	To aid in the development and testing of the EBRS 2003 Standard for hospital births and the EBRS Administration Module. After development and initial testing, both modules will be released to the OVR for testing by OVR.

Subaward Information [applies to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants).]	
1. Subaward Recipient Name:	C&T Consulting LLC
2. Subaward Date:	10/01/2012
3. Subaward Number:	200-2012-50799-0002
4. PPHF Funding Amount:	\$44,200.00
5. Subaward Purpose:	To aid in the development and testing of the EBRS 2003 Standard for hospital births and the EBRS Administration Module. After development and initial testing, both modules will be released to the OVR for testing by OVR.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS/VSCP Special Projects Arkansas
4. Recipient Name:	Arkansas Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$60,000.00
8. Award Number:	200-2012-50802-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Continued work with Contractor for both EBRS and EDRS activities. Continued work with hiring of a new EBRS/EDRS Project Manager.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS/VSCP Special Projects Connecticut
4. Recipient Name:	Connecticut Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,092,252.00
8. Award Number:	200-2012-50807-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This Project is to enhance State Electronic Birth Registration Systems and allows the purchase and implementation of a web-based electronic birth registration system that will provide all Connecticut birth data to NCHS in a timely manner, with high quality and in the format that meets the 2003 Revisions of the Standard U.S. Certificate of Live Birth. This project will support the NVSS initiative to improve the Vital Statistics Cooperative Program at all levels, and will facilitate collection of appropriate data at the Federal level.</p> <p>Activities conducted during this July – December 2012 performance period consisted of the EBRS Project kickoff. Preliminary project planning meetings and discussions took place over the September and October time frame. The Project Manager established the Project Team and obtained commitments for their support. The CDC/NAPHSIS/NCHS 2003 Revision Birth documentation was downloaded and distributed to the project team for review and discussions. The Customer Engagement Profile was generated and signed off. Submittal of this document provided formal acknowledgement of the EBRS Project at CT DPH. The Project Manager generated required project documentation associated with the Project Management Plan, Baseline Schedule, Baseline Budget, Project Charter and Project Approach Documents. Additional planning and execution documents are continuing to be generated and incorporated into the Project Management Plan. Meetings have been conducted on a weekly basis since mid-November to define the Birth Registration Business and Technical Requirements for the electronic processing in Connecticut. These requirements are being evaluated against the EBRS Use Cases and EBR System Requirements and Business Rules documents to define the CT Birth Registration requirements to be formalized in the Request for Proposal. The Project Manager has been working with the CT DAS Procurement group to define the procurement process for the COTS EVRRS Birth Registration software application. Several EVRRS vendors have been identified and the Project Team has been conducting preliminary evaluations of their systems. Activities are continuing to define the detailed CT requirements to be incorporated in the RFP and integrate the NAPHSIS RFP Template into the CT RFP.</p> <p>The Project Management Plan is a major project milestone and is due on January 18, 2013. A significant amount of time has been spent on the generation of this document.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Tri-Corn Consulting Group, LLC
2. Subaward Date:	09/18/2012 to 12/31/2012
3. Subaward Number:	200-2012-50807-0002
4. PPHF Funding Amount:	\$ 41,549.20 (71 days @ \$585.20 for Project Manager's contract)
5. Subaward Purpose:	<p>EBRS Project Activities</p> <p>September-October 2012</p> <ul style="list-style-type: none"> Conducted informal meetings with VRS and IT Staff to discuss EBRS requirements and vendor options Started activities for project planning and project documentation Project team member acquisition activities began in early October Customer Engagement Profile Document signed off Project Profile generated and in review for sign-off Project high level timeline was revised to reflect the 9/18/2012 Project start date Generated Project Approach Document Started generation of PMP Downloaded and organized all CDC/NAPHSIS/NCHS 2003 Revision Birth Documentation Preliminary work is in progress on the RFP Start evaluation of the vendors with COTS EVRRS Applications for the Birth System <p>November 2012</p> <ul style="list-style-type: none"> Business Requirements meetings conducted bi-weekly Technical Requirements meetings conducted weekly to define CT Architecture requirements Business and Technical Requirement reviewed to evaluate the requirements against the use cases PMP activities continue for project planning Discussions with CT DAS procurement on the RFP, options are being reviewed to identify the procurement path Develop the PMP – Activities continue Develop the EBRS RFP – Activities continue Definition of Functional, Non-Functional, and Technical Requirements continues High level Cost Benefit Analysis has been completed The timeline budget is being generated Project Profile sign-off complete Stakeholder Register and Project Approach Document have been completed Project Communication Plan, Staffing Plan, Change Management Plan and Risk Management Plan are in progress Generated Business and Technical Requirements Workbooks Continue to evaluate the ManTech COTS application documentation Reviewing documentation and information on two other EVRRS vendors Worked with CT Registrar to set up a visit to MA to preview the ManTech EVRRS Birth Registration System <p>December 2012</p>

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1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS/VSCP Special Projects Maine
4. Recipient Name:	Maine Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	200-2012-50819-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Maine received funding to assist in the development and implementation of its Electronic birth system, called DAVE. Release 12.1.1 of its birth module has been provided to the State by VitalChek. They have now commenced User Acceptance Testing to evaluate the quality of the product and the fixes that need to be made before the System can be accepted by the State. While waiting for the testing to be completed, they have commenced training of hospitals about the system and the new process.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS/VSCP Special Projects North Carolina
4. Recipient Name:	North Carolina Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$388,983.00
8. Award Number:	200-2012-50833-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	NC received these funds to modify, enhance and upgrade its electronic birth registration system. At this point, North Carolina has hired the requisite staff to undertake the project. These staff have now completed a detailed project plan outlining the project overview, the project organization, the management process including a detailed project schedule, the technical documentation including hardware and software, and project success criteria. They have also completed the requirement documents for the new system and have been able to negotiate the source code from the prior vendor to begin the work.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance/Health Statistics_Vital Statistics
3. Award Title:	NCHS/VSCP Special Projects Rhode Island
4. Recipient Name:	Rhode Island Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$612,200.00
8. Award Number:	200-2012-50839-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Since the time of the award, RI Office of Vital Records (OVR) completed the required Purchase Order Request to single source the upgrading of the electronic birth registration system with our current vendor. A Critical Expense Request also had to be completed and submitted for approval from the state's purchasing office, which was done. We also submitted a job posting request to hire a Certified IT Project Director as required by the task order. While pending PO approval, a Project Management Plan (PMP) was completed, identification of the stakeholders, advisory committee and core group were drafted for final approval and a drafting of a project kick-off to notify all end users has been started. We will continue to refine the PMP, work on the notifications and involvement of all end users and map out our record conversion and training phase until we receive the approved PO.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Kentucky Cabinet for Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$123,307.00
8. Award Number:	3U58SO000001-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	During the period 7/2012 - 12/2012 no PPHF funds have been utilized. This is because Behavioral Risk Factor Surveillance System (BRFSS) data collection follows a calendar year cycle. Data collection begins in January of every year. The monies will be used for appending the 12 healthcare access and insurance questions into the 2013 KY BRFSS Questionnaire, increasing the landline sample size, increasing the cell phone sample size and oversampling African American population.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Survey Research Center, University of Kentucky
2. Subaward Date:	01/01/2013
3. Subaward Number:	3U58S000001-02W1
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Survey Research Center, University of Kentucky is the regular Contractor for collecting Kentucky's BRFSS data. He was provided with the 12 Healthcare Access and Insurance questions provided by the Division of Behavioral Surveillance at CDC on December 2012 (final version). The contractor appended these questions to the 2013 KY BRFSS Questionnaire. The data collection for the year 2013 began on January 9th 2013. No invoice has been received from the contractor yet. It is anticipated that all of the PPHF funds will be sub-awarded to this contractor for BRFSS data collection.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$141,119.00
8. Award Number:	3U58SO000002-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Questionnaire programmed for 2013 data collection. Data collection of Health Care Access questions will begin for Maryland on January 9, 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Maryland State Department of Health & Mental Hygiene
2. Subaward Date:	09/21/2012
3. Subaward Number:	3U58SO000002-02W1
4. PPHF Funding Amount:	\$141,119.00
5. Subaward Purpose:	Health Care Access questions to be asked of all interviewed Maryland residents (Split 1 and Split 2) to provide information about health care coverage. Also expanded the representativeness of the sample by adding cell phone interviews.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$130,000.00
8. Award Number:	3U58SO000003-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	None of the funds have been expended. They will be used to pay our contractor, ICF Macro International, for data collection in the 2013 survey year for the Connecticut Behavioral Risk Factor Surveillance System.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$83,136.00
8. Award Number:	3U58SO000004-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	This award will be used to help support the maintenance and expansion of the Michigan Behavioral Risk Factor Surveillance System (MiBRFSS). Although none of these funds have been invoiced to date, these funds will be used to help support a portion of the following activities: MiBRFSS data collection efforts associated with the new health care access and use questions; data analysis and evaluation activities associated with the new health care access and use questions; the maintenance of the MiBRFSS landline sample size at 2011 levels; and other direct administrative services associated with this grant. Our plan is to expend all of these PPHF funds within the first few months of the 2013 calendar year.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan State University
2. Subaward Date:	10/01/2012
3. Subaward Number:	3U58SO000004-02W1
4. PPHF Funding Amount:	\$81,436.00
5. Subaward Purpose:	Although none of these funds have been invoiced to date, the purpose of this Subaward is to provide the Michigan State University, Office for Survey Research with funding to conduct the BRFSS data collection activities associated with the new health care access and use questions.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$55,835.00
8. Award Number:	3U58SO000005-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The award was to ask a module of health care coverage questions on the 2013 BRFSS and increase the sample size of landline to 2011 level and cell phones to 25 percent of total sample. Since it is not yet 2013, no action was taken in this six month period.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Center for Social and Behavioral research, University of Northern Iowa
2. Subaward Date:	1/1/2013
3. Subaward Number:	3U58SO000005-02W1
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Data collection not yet begun

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Alabama State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$51,000.00
8. Award Number:	3U58SO000007-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	During this period the Alabama Department of Public Health made plans to enhance the 2013 Alabama BRFS questionaire with questions to assess the impact of the Affordable Care Act in Alabama. The AL BRFS 2013 survey will begin in January 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$110,000.00
8. Award Number:	3U58SO000010-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The PPHF award was made to the Mississippi State Department of Health (MSDH) to add certain questions to the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) related to health care access.</p> <p>As of December 20, 2012 none of the PPHF funds have been expended. Expenditures for these funds will commence January 1, 2013 which is the beginning of the new survey year that contains the questions that were the purpose of the award.</p> <p>The MSDH has taken steps to conduct the 2013 survey by entering into a contractual arrangement with Southern Research Group, Inc. to collect the data for the survey. It has also selected the optional modules of the questionnaire to be used along with the core section of survey.</p> <p>All of the operational elements of the 2013 survey are place to start using the PPHF funds for data collection during the first week of January, 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	New Hampshire Department of Health And Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$66,250.00
8. Award Number:	3U58SO000011-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The 2012 BRFSS survey is still in progress.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A - NH BRFSS has not engaged any sub-contractor to work on this project
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Tennessee Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$43,944.00
8. Award Number:	3U58SO000012-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	No PPHS activities have been performed during the reporting period ending December 31, 2012. PPHS funded activities do not begin until January 2013. Activities shall include administering seven (7) supplementary surveillance questions regarding Patient Protection and Affordable Health Care Act (PPACA) included in the 2013 Behavioral Risk Factor Surveillance System survey.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Tennessee Opportunities Program, Inc.
2. Subaward Date:	January 1, 2013 through June 30, 2013
3. Subaward Number:	3U58SO000012-02W1
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Provision of additional telephone interviewer manhours necessary to include seven (7) supplementary surveillance questions about the new PPACA included in the 2013 Behavioral Risk Factor Surveillance System survey.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$135,647.00
8. Award Number:	3U58SO000013-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The Vermont Department of Health annually receives funding from the Centers for Disease Control and Prevention to participate in the Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a random-digit dialed telephone survey of adults 18 and older conducted by all U.S. states, Washington D.C. and several U.S. territories. In 2013, the Vermont BRFSS will collect 6,400 total interviews, with 5,150 completed via land line telephone and 1,250 via cell phone. The PPHF funding is supplemental to our main BRFSS grant and was provided to pay for the inclusion of several health care access questions on the 2013 survey, which begins in January. These health care access questions will be used to monitor the impact of the Affordable Care Act. PPHF funds are also being used for increasing the sample size of the Vermont BRFSS, specifically the cell phone component of the survey (from 850 in 2012 to 1,250 in 2013).

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$110,000.00
8. Award Number:	3U58SO000015-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The money awarded is for BRFS data collection during 2013, including implementation of the health care access question module and supplementation to BRFS sample size. These activities were not begun during the reporting period, nor was any money obligated or spent during the report period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Alaska State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$84,075.00
8. Award Number:	3U58SO00017-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	This award is being used to cover the cost of additional healthcare access questions on the 2013 BRFSS and to increase the landline BRFSS sample to 3,000 surveys and the cell phone BRFSS to 1,000 surveys. Though 12/2012, the additional questions have been included on the 2013 survey, programmed into C3 WinCAT1, and sample has been requested for the increased landline and cell phone surveys. Data collection is to begin in Jan 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clearwater Research, Inc.
2. Subaward Date:	12/05/2012
3. Subaward Number:	3U58SO00017-02W1
4. PPHF Funding Amount:	\$71,250.00
5. Subaward Purpose:	No funds spent during reporting period. Funds have been encumbered and billing will begin in Jan 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Florida State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,372.00
8. Award Number:	3U58SO000020-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Florida BRFSS is seeking and currently awaiting budget authority from the Florida legislature in order to begin encumbering and then spending the awarded money. Therefore, no other activities have been initiated. It is anticipated that 100% of this grant will fund cell phone surveys for the BRFSS in 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$111,238.00
8. Award Number:	3U58SO000021-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Incorporated healthcare module into the Georgia 2013 BRFSS. Amended and extended Abt SRBI subcontract. Encumbered \$67,864 for the collection of data from January 1, 2013 - June 29, 2013. Finally, RFP was finalized.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Abt SRBI Inc
2. Subaward Date:	January 1, 2013
3. Subaward Number:	40500-036-11081379
4. PPHF Funding Amount:	\$67,864.00
5. Subaward Purpose:	Conducting the 2013 Georgia BRFSS survey for a sample of 4,500 landline, 1,500 cellular phone.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System (Pacific Jurisdiction)
4. Recipient Name:	Republic of Palau Ministry of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$40,000.00
8. Award Number:	3U58SO000023-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	This quarter was slow for the project as a result of the change in administration for the Republic of Palau. There will be a change in the Principal Investigator and the Business Official in the next quarter. Based on the proposed workplan, we are still on track. Request for Proposals are being prepared to increase the sample size from 400 to 1000. A new epidemiologist has been retained to aide Palau in the project (core and supplemental). We had proposed for funds to travel to the Annual BRFSS Institute, but that meeting was postponed so we reserve funds for similar opportunities in the future.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$140,475.00
8. Award Number:	3U58SO000024-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The Colorado Behavioral Risk Factor Surveillance System collects high quality data on health risk behaviors and outcomes for the State of Colorado, using a random-digit-dial telephone methodology. This project will allow Colorado to increase the survey sample size, enabling the generation of estimates at the county or regional level. It will also increase the proportion of complete interviews with those who are cell phone households to 25% of the entire sample, which will ensure representativeness of the entire Colorado adult population. Finally, this project will allow Colorado to include questions designed to measure health care reform efforts. These data will be made available to policy makers through various mechanisms.</p> <p>During this reporting period, the questions designed to measure health care reform efforts in Colorado were added to the 2013 questionnaire. The questionnaire has been finalized, translated into Spanish, programmed into the data collection software system, and tested. The questionnaire will be in use beginning in January 2013. All other activities to be completed under this award will take place during the next reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Illinois State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,589.00
8. Award Number:	3U58SO000027-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>Illinois added seven questions to the current BRFSS questionnaire to assess the impact of the Affordable Car Act on state residents. There are two main benefits anticipated by the addition of the questions. Most importantly will be identification of population segments most at-risk because of inadequate opportunity to seek health care to aid in planning. The second benefit will be a comparison to similar data collected in 2001 to determine whether subsequent health insurance legislation mitigated problems associated with lack of health care.</p> <p>When the data set is finalized for use, data are analyzed for frequencies, percentages, and demographic cross-tabulations. Data analysis will be done in-house by BRFSS staff. Resulting information will be distributed throughout the Department and other state health-related agencies with responsibilities of resident's health such as Human Services, Healthcare and Family Services, Aging and Insurance.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Indiana State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$115,444.00
8. Award Number:	3U58SO000028-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of random digit-dialing landline telephone and cell phone health surveys that target non-institutionalized adults ages 18 years and older to obtain information on health behaviors, risk factors, and certain chronic conditions. The BRFSS questionnaire consists of a set of core questions used by all states, optional modules and state-added questions. The BRFSS is conducted through a cooperative agreement between state health departments and the Centers for Disease Control and Prevention (CDC). BRFSS remains a critical tool for public health and is Indiana's sole source of prevalence data for certain chronic conditions and risk factors leading to premature death and disability.</p> <p>The 2013 Indiana BRFSS survey is being conducted via contract with Clearwater Research, Inc. The Indiana BRFSS Coordinator requested a cost estimate from Clearwater to include the additional questions on health care access and additional surveys since they are conducting the main BRFSS survey. Approximately 1,820 landline and 500 cell phone surveys will be added with the supplemental funding. The additional surveys, especially those by cell phone, will enhance the prevalence of health indicators among non-white and younger populations in Indiana, populations currently under-represented in the BRFSS.</p> <p>Adding the additional health care access questions will enhance BRFSS surveillance and provide estimates to access the impact of the Affordable Care Act on health insurance coverage opportunities and enrollment, access to health care services, and use of preventive health services. An analysis of the health care access questions, combined with chronic disease prevalence, risk factors and demographics will provide a greater understanding of the evaluation of public health activities to improve overall health status of Indiana's residents and reduce disparities.</p> <p>The additional questions on health care access being included are:</p> <ol style="list-style-type: none"> 1. Do you have Medicare? 2. Are you currently covered by any of the following types of health insurance or health coverage plans? 3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. 4. In the past 12 months, was there any time when you did not have any health insurance or coverage? 5. About how long has it been since you last had health care coverage? 6. How many times have you been to a doctor, nurse or other health professional in the past 12 months? 7. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? 8. In general, how satisfied are you with the health care you received? 9. Do you currently have any medical bills that are being paid off over time? <p>However, no activities were conducted during this reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Louisiana State Department of Health and Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$63,558.00
8. Award Number:	3U58SO000029-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Funds have not been used to date. Louisiana BRFSS intends on using the funds starting in January of 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$136,249.00
8. Award Number:	3U58SO000030-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The MA Dept. of Public Health (MDPH) received PPHF funding to add questions on health care access and use to the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey. These questions were designed to monitor the impact of the Affordable Care Act on health insurance coverage opportunities and enrollment, access to health care services, use of preventive health services, etc. Funding also supported maintaining the overall sample size and increasing the proportion of completed interviews conducted by cell-phone, thereby increasing the precision of estimates in small areas and sub-populations.</p> <p>BRFSS has become an integral part of MDPH's demonstrated commitment to surveillance, evaluation, and the integration of this data into program planning and policy development. MA began participation in the BRFSS in 1986. Over the years, MDPH has continued to increase the scope of its surveillance system increasing the sample size of both landline and cell phone respondents, adding state-specific questions, utilizing a complex sample design, and oversampling cities with diversified populations.</p> <p>MA has included additional questions on insurance coverage in order to track Health Care Reform (HCR) in the state. Including these additional questions in the survey will allow comparison of unique state efforts with emerging efforts throughout the country. In addition, MDPH will expand its ability to examine the impact of HCR on undeserved subpopulations such as young males, Hispanics and Blacks, and non-English speakers.</p> <p>Since receipt of the award, MDPH and vendor staff</p> <ol style="list-style-type: none"> 1. designed the 2013 BRFSS landline and cell phone questionnaires, incorporating the new health care access and use questions. 2. translated the questionnaires into Spanish and Portuguese. 3. programmed and tested the questionnaire. 4. preliminarily tested the performance of newly added questions prior to fielding. 5. updated interviewer training materials to include direction on the collection of new data elements 6. conducted interviewer training and put measures in place to ensure the quality of the data collected. <p>The sample design was finalized and submitted to CDC. MDPH oversamples cities with diverse populations to obtain better information on minority population groups. The planned overall sample size is 18,000 interviews with 25% of these conducted by cell-phone. The increase in the cell phone interviews will make the sample more representative and will allow MDPH to obtain better information about state and city populations. The ability to maintain a large sample size allows for the provision of local-area estimates.</p> <p>The final survey has been distributed to relevant state programs and external advisors; plans are underway for data dissemination and analyses. Data will be disseminated through expansion of current reports; inclusion in our web-based query system, MassCHIP; and consideration of special state reports and journal articles.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Minnesota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$141,107.00
8. Award Number:	3U58SO000031-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>Health insurance coverage and access and utilization of health care are one of the major dimensions of the Behavioral Risk Factor Surveillance System (BRFSS). This project involves the application of the recently developed eight question Affordable Care Act (ACA) module which supplements the other four questions that are part of the core of BRFSS. These questions pertain to source of health insurance coverage, duration of coverage, access to health care, adherence to medication prescription, satisfaction with health care received, and finally, medical bills.</p> <p>The supplemental funding received will pay for data collection of this module, as well as, enhancement of our infrastructure by increasing our sample size in order to allow for detailed analysis on the local level and for minority populations of color. We currently have a contractual agreement with Abt-SRBI to collect data for the BRFSS in Minnesota. The supplemental funding in the amount of \$141,107 will pay for the collection of about 2,910 completed interviews in a multi-mode data collection between landline respondents and cell phone respondents. The percent of completed interviews in the cell phone mode should represent 31% of the completed interviews in the multi-mode of cell phone data collection, i.e., respondents with cell phone only or cell phone and landline. It is expected that we will use the supplemental funding for data collection effective with January, 2013 and we will continue for twelve months ending December 31, 2013. Abt-SRBI will conduct the BRFSS interviews from their interviewing facilities in West Virginia and Florida.</p> <p>No data collection has been performed in the period July 1, 2012 - December 31, 2012.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Abt-SRBI
2. Subaward Date:	01/20/2013
3. Subaward Number:	3U58SO000031-02W1
4. PPHF Funding Amount:	\$141,107.00
5. Subaward Purpose:	We plan to collect the ACA module data as part of the BRFSS in the calendar year 2013. Abt-SRBI will be our contractor. We have described above their role and specifications of ACA data collection. No activity has been performed in the period July 1, 2012 - December 31, 2012.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Montana Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$137,391.00
8. Award Number:	3U58SO000033-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Funds for this grant period have NOT yet been expended. Funds will be used in 2013 for the Montana BRFSS operation and will be accounted for in the next round of reporting. Recipient name should be: Montana Department of Public Health and Human Services, not as listed in 4 above.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Nebraska Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$147,907.00
8. Award Number:	3U58SO000034-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>No activities were completed using these funds during this reporting period. With the current funds the Nebraska BRFSS program plans to enhance the BRFSS surveillance on the 2013 survey instrument by adding ACA related questions into the BRFSS survey. This supplemental funding will also be used to maintain a landline sample size of 500 completes for each of the 21 local health departments that would allow estimates at the local level. Finally, the funding will allow the program to increase the number of cell phone completes to 30% to match the estimated percentage of cell phone-only household in Nebraska.</p> <p>The NE BRFSS program through its contractor Bureau of Sociological Research – University of Nebraska-Lincoln (BOSR), will conduct data collection activities including program the questionnaire, obtain and program the sample and conduct interviews to collect monthly data during the 2013 calendar year. In addition, the BRFSS coordinator will monitor data collection activities undertaken by BOSR (e.g. assess interviewer performance, review data quality, monitor monthly completes, meet with BOSR staff to assess progress and adjust course), review invoices, conduct statistical analyses of the BRFSS data, and disseminate the information collected via fact sheets, summary and comprehensive reports to BRFSS stakeholders.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Board of Regents for the University of Nebraska, University of Nebraska-Lincoln -Bureau of Sociological Research (BOSR)
2. Subaward Date:	12/21/2012
3. Subaward Number:	3U58SO000034-02W1
4. PPHF Funding Amount:	\$147,460.00
5. Subaward Purpose:	Collection of Nebraska BRFSS

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Nevada Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$84,800.00
8. Award Number:	3U58SO000035-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The Nevada State Health Division (NSHD) contracts the University of Nevada at Reno (UNR), School of Community Health, and the University of Nevada, Las Vegas (UNLV), School of Community Health Sciences to perform 3,600 completed landline surveys and 400 cell phone surveys yearly for the Behavioral Risk Factor Surveillance System (BRFSS). A supplemental CDC grant provided funding for 400 additional cell phone surveys in 2012, for a total of 800 cell phone surveys. Affordable Healthcare Act (ACA) funding is being used to address all three components of the federal grant proposal (CDC-RFA-SO11-11010201PPHF12) for inclusion in the 2013 BRFSS survey. First, funding will be utilized for the addition of the eight (8) Access to Healthcare questions detailed in the grant application. Second, funding will be utilized for the addition of 300 landline surveys; 3,600 to 3,900 completed surveys. Third, funding will be utilized for the addition of 900 cell phone surveys; 400 to 1,300 completed surveys. Four hundred of these additional cell phone surveys will maintain the 2012 level of 800 surveys and 500 will bring the cell phone sample size to 25% of the total surveys. The addition of these surveys will increase the accuracy and precision of Nevada's BRFSS survey and provide more completed surveys for the rural areas. Analyses of the additional healthcare access questions will assist various programs to produce needs assessments, identify target populations, make policy, and direct funding.</p> <p>The university call centers utilize methodology provided by the Centers for Disease Control and Prevention (CDC) in the current version of the BRFSS User's Guide (http://www2.cdc.gov/nccdphp/brfss2/training_gu/). The Center for Research and Design (CRD) staff at UNR receive the landline and cell phone samples and split them so that UNR and UNLV each conduct one-half of the required surveys. CRD also recombinates the survey results for the monthly submission to the Centers for Disease Control and Prevention (CDC), Behavioral Surveillance Branch (BSB). Open communication has been maintained between NSHD and the universities and the logistics for the split sample has been worked out.</p> <p>To date, no ACA money has been expended, but preparations have been made to include the Health Care Access (HCA) Module in the 2013 survey and the sampling design has been created and submitted to CDC to handle the increased sample sizes for both the landline and cell phone surveys. Interlocal contracts with the universities, that include funding for the addition of the HCA module and increased sample size, are in the process of being signed by the universities. The contracts will be ready for Nevada's February Board of Examiners Meeting on February 12, 2013, and will be retroactive to January 1, 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Nevada, Las Vegas, School of Community Health Sciences
2. Subaward Date:	01/01/2013
3. Subaward Number:	3U58SO000035-02W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	<p>As previously mentioned the Nevada State Health Division (NSHD) contracts the University of Nevada at Reno (UNR) and Las Vegas (UNLV) to conduct the Behavioral Risk Factor Surveillance System (BRFSS) data collection. An interlocal contract between NSHD and UNLV is being signed and is to be reviewed by the State of Nevada Board of Examiners on February 12, 2013; the contract will be retroactive to start January 1, 2013 (the survey start date). To date, no Affordable Health Care Act (ACA) funds have been expended. However, the University of Nevada, Las Vegas, Center for Research and Design, has been ramping up to handle the increased survey sample size and preparing the WinCati telephone interview script to include the Health Care Access module. Each university completes one-half of the data collection and receives one-half of the funding allotted for data collection. The Affordable Health Care Act funds designated for data collection are also divided between both universities. Nevada was awarded \$84,800.00 for this project and Nevada's Indirect is \$4,800.00 (6%) leaving \$80,000.00 for data collection. Therefore UNLV will be reimbursed:</p> <ul style="list-style-type: none"> • \$7,500.00 for additional landline surveys (300 x \$50.00 each x .5); • \$22,500.00 for additional cell phone surveys (900 x \$50.00 x .5)and ; • \$10,000.00 for the Health Care Access Module (\$20,000.00 x .5); • For a total of \$40,000.00.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	School of Community Health Sciences, University of Nevada, Las Vegas
2. Subaward Date:	01/01/2013
3. Subaward Number:	3U58SO000035-02W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Nevada, Reno, School of Community Health
2. Subaward Date:	01/01/2013
3. Subaward Number:	3U58SO000035-02W1
4. PPHF Funding Amount:	\$40,000.00

5. Subaward Purpose:	<p>As previously mentioned the Nevada State Health Division (NSHD) contracts the University of Nevada at Reno (UNR) and Las Vegas (UNLV) to conduct the Behavioral Risk Factor Surveillance System (BRFSS) data collection. An interlocal contract between NSHD and UNR is being signed and is to be reviewed by the State of Nevada Board of Examiners on February 12, 2013; the contract will be retroactive to start January 1, 2013 (the survey start date). To date, no Affordable Health Care Act (ACA) funds have been expended. However, the University of Nevada, Reno (UNR), Center for Research and Design, has been ramping up to handle the increased survey sample size and preparing the WinCati telephone interview script to include the Health Care Access module. Each university completes one-half of the data collection and receives one-half of the funding allotted for data collection. The Affordable Health Care Act funds designated for data collection are also divided between both universities. Nevada was awarded \$84,800.00 for this project and Nevada's Indirect is \$4,800.00 (6%) leaving \$80,000.00 for data collection. Therefore the UNR will be reimbursed:</p> <ul style="list-style-type: none">• \$7,500.00 for additional landline surveys (300 x \$50.00 each x .5);• \$22,500.00 for additional cell phone surveys (900 x \$50.00 x .5)and ;• \$10,000.00 for the Health Care Access Module (\$20,000.00 x .5);• For a total of \$40,000.00.
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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	New Mexico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$46,744.00
8. Award Number:	3U58SO000036-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>The purpose of these supplemental funds is to enhance BRFSS surveillance on the 2013 survey instrument to monitor the impact of the Affordable Care Act (ACA) in New Mexico by adding key questions to the 2013 BRFSS survey questionnaire. Data will allow precise estimates from New Mexico, and will be tracked over a 12 month time period to assess the impact of the ACA on health insurance coverage opportunities and enrollment, access to health care services, use of preventive health services, etc. Supplemental funding will also be used to increase the sample size of New Mexico surveys and the percentage of completed interviews by cell phone mode, thereby increasing the precision of estimates in small areas and sub-populations. During the reporting period, the New Mexico Department of Health (NMDOH): introduced the Health Care Access and Use (Module 4) to the New Mexico BRFSS Planning Group; added Module 4 to the 2013 New Mexico BRFSS survey questionnaire; programmed Module 4 questions into Ci3 WinCATI; beta tested Module 4 questions to make sure WinCATI takes the survey responses, and that skip patterns are correct. The Health Care Access and Use Module 4 is comprised of eight questions including: 1) Do you have Medicare? 2) Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Select all that apply). 3) Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. 4a) In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? 4b) About how long has it been since you last had health care coverage? 5) How many times have you been to a doctor, nurse, or other health professional in the past 12 months? 6) Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. 7) In general, how satisfied are you with the health care you received? Would you say— 8) Do you currently have any medical bills that are being paid off over time? Additional interviewers have been trained in BRFSS survey administration using cell phone methodology. During the 2012 New Mexico BRFSS data collection period, almost a third of all surveys were completed using cell phone. The NMDOH will implement the following additional activities beginning January 2013: complete 9,000 surveys, of which, 6,750 (or 75%) will be conducted using landline telephones, and 2,250 will be conducted using cell phone (25%) methodology; administer surveys in English and Spanish; do monthly submission of data collected by the Health Care Access and Use Module 4 questions to the CDC's Division of Behavioral Surveillance; and develop plans to analyze, evaluate and disseminate results.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	New York State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$124,612.00
8. Award Number:	3U58SO000037-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone surveillance system designed and funded by the Centers for Disease Control and Prevention (CDC), and conducted by the NYSDOH, Division of Chronic Disease and Prevention, Bureau of Chronic Disease Evaluation and Research. The BRFSS collects data on preventive health practices and risk behaviors that affect chronic diseases, injuries, and preventable infectious diseases. Examples include tobacco use, health care coverage, HIV/AIDS knowledge and prevention, physical activity, and consumption of fruits and vegetables. Demographic information is also collected to permit analyses of specific populations. While all data collected are self-reported, some variables are calculated based on given responses. For example, obesity is calculated based on the respondent's reported height and weight. Current smoking status and leisure time physical activity are also calculated variables. Questions about the health of a child are answered by the parent. There is a process for randomly selecting the child, if there is more than one child in the household. Interviews are conducted throughout the year in both English and Spanish, using standard calling procedures. Beginning in 2011, BRFSS began reaching households with landline telephones and households which only had cell phones. New York State's BRFSS is designed to be representative of the non-institutionalized adult household population, aged 18 years and older. The BRFSS is designed to provide information for New York State, New York State excluding New York City, and New York City (5 boroughs combined). Survey results are analyzed and disseminated as reports to inform disease prevention and control statewide and in community settings. The questions on the BRFSS are not the same every year, although there is a set of core questions that CDC requires to be asked in all states either every year, or on a regular rotating basis, such as every other year. States may also include questions from a list of optional CDC questions or may add additional questions to serve their own specific state needs. This specific funding was to include health care access questions and additional demographic information to assess disparities as 2013 data are collected. BRFSS staff developed a sampling plan and the 2013 questionnaire during Sept 2013-Dec 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clearwater Research Inc.
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	3U58SO000037-02W1
4. PPHF Funding Amount:	The \$124,612 in funding was intended to support 2013 BRFSS data collection, and will be expended in Jan 2013-Sept 2013 for data collection by Clearwater Research Inc.
5. Subaward Purpose:	In support of the operations of the NYSDOH BRFSS, we subcontract with Clearwater Research Inc. to undertake those tasks necessary to collect accurate, timely and complete information on the health behaviors of adult New Yorkers. The questionnaire is complex, reaching New Yorkers via landline and cell phone, and includes optional modules, state-added questions and a follow-up survey of those with asthma themselves or in a child. Prior to this reporting period, Clearwater Research Inc. programmed the 2012 questionnaire on an automated CATI system, and tested and edited as needed. In this reporting period, staff loads and processes the sample of phone numbers to be called, trains and supervises the interviewers, schedules interviews as necessary and conducts the interviews using the CATI system. Clearwater Research Inc staff process the data according to CDC and state protocols, and clean and submit data in the timeframe stipulated by the CDC.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$130,385.00
8. Award Number:	3U58SO000038-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>For 2013 survey year, the North Dakota Behavioral Risk Factor Surveillance System (NDBRFSS) sample size is 8,000 completed surveys. This includes an oversample of the western part of the state and an increase of cell phone sample to 30% of completes. A recent phenomenon with public health and social impact is the booming oil industry in the western part of ND. With this increase, the public health impact has not been fully characterized, although there is anecdotal evidence of negative public health impact. Oversampling will provide understanding of impact on the health and wellbeing of the population, which is of great public health interest. With CDC and NDBRFSS data indicating that 32 to 40 percent of ND population uses cell phones only, NDBRFSS will raise the percentage of cell phone completions to 30% of the total surveys beginning in 2013, and administer the entire survey instead of the core section only to its cell phone respondents.</p> <p>Activities to oversample the western part of North Dakota and to increase cell phone completes percentage will be funded by the BRFSS award number 3U58SO000038-02W1 beginning 1/1/2013. Since the project period is 1/1/2013 – 12/31/2013, and the reporting period is 7/20/2012 – 12/20/2012, NDBRFSS has not expended the funds yet, but will, beginning 1/1/2013.</p> <p>Goal 1: Institute procedures for improving the quality of BRFSS survey design and data collection. Objectives: (1) By 12/31/2013, conduct BRFSS data collection according to prescribed CDC protocols. (2) By 1/31/2014, ensure 2013 contractor delivers high-quality data in a timely manner. (3) By 3/28/2014, expand current mixed-mode survey design to include additional cell phone surveys. Status: (1) (2) (3) Ongoing. Major Findings: (1) NDBRFSS has finalized the 2013 questionnaire, which includes Health Care Access optional module questions and plans to increase cell phone surveys to 30% and oversample the Western counties of the state. (2) NDBRFSS is contracting with Clearwater Research for data collection that starts 1/1/2013. (3) Cell phone surveys will increase from 20% to 30% beginning year 2013. Barriers Encountered: (1) None (2) None (3) None</p> <p>Goal 2: Expand data analysis for NDBRFSS. Objectives: (1) By 9/30/2014, produce summary analytic products describing results of the statewide survey that are accessible to a broad range of users including scientific, programs, general public and policy makers. Status: (1) Unmet. Major Findings: (1) NDBRFSS 2013 data analysis will be done after data is collected. Barriers Encountered: (1) None</p> <p>Goal 3: Enhance access to BRFSS data. Objectives: (1) By 3/28/2014, ensure BRFSS data needs of NDDoH programs and external partners are met. (2) By 3/28/2014, use BRFSS together with other data sources (e.g. YRBS) in publications which describe health and disease in North Dakota. Status: (1) (2) Unmet. Major Findings: (1) NDBRFSS 2013 data dissemination will be done after data analysis. Barriers Encountered: (1) None</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Ohio Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$139,969.00
8. Award Number:	3U58SO000039-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	In accordance with the goals of the Ohio Behavioral Risk Factor Surveillance System (BRFSS) at the Ohio Department of Health, 2012 Prevention and Public Health Funds (PPHF) will be used to 1.) Increase the 2013 BRFSS landline sample size to exceed 2011 levels; 2.) Increase the proportion of 2013 BRFSS cell phone interviews to 25 percent; and 3.) Enhance surveillance regarding the impact of the Affordable Care Act (ACA). The Ohio BRFSS plans to include eight key questions regarding the ACA on the 2013 questionnaire, submit data regarding the ACA on a monthly basis, analyze these data to identify disparate subpopulations, and evaluate how these data can be used to develop intervention programs and health policies at the state and sub-state level. A subaward will be provided to the Ohio BRFSS contractor, Abt SRBI Inc., in January 2013 to begin data collection in mid-January. Because these funds will be used for data collection in 2013, no activities were completed this reporting period and no subcontracts were awarded.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Oklahoma State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$143,856.00
8. Award Number:	3U58SO000040-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>During the reporting period the Oklahoma Behavioral Risk Factor Surveillance System (OKBRFSS) program has completed planning activities and preparation for 2013 survey. Listed below are the activities that have occurred in regard to each of the funding goals.</p> <ol style="list-style-type: none"> Increase the sample size of Oklahoma BRFSS surveys and the percentage of completed interviews by cell phone mode, thereby increasing the precision of estimates in small areas and sub-populations. <ul style="list-style-type: none"> The OKBRFSS program has requested and received an increased number of sample telephone numbers that will be used to collect the 1,500 additional landline surveys. The OKBRFSS program has requested an increased number of sample cell phone numbers that will be used to collect the 1,000 additional surveys. This additional sample and subsequent completed interviews will bring the percentage of interviews completed by the cell phone mode to at least 25% of the total completed surveys. Enhance Oklahoma BRFSS surveillance on the 2013 survey instrument to monitor the impact of the Affordable Care Act (ACA) within Oklahoma and other Localities. <ul style="list-style-type: none"> The 2013 survey has been developed and tested with the additional Health Care Access (ACA) questions included on both the cell phone and landline surveys. <p>As of the end of this reporting period the 2013 Oklahoma BRFSS survey has not entered into active data collection but the survey is scheduled to begin in early January of 2013. Once the surveillance begins additional objectives will be met.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Oregon Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$164,663.00
8. Award Number:	3U58SO000041-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	From September to December 2012, designed and drafted Oregon's 2013 BRFSS survey, which consists of 4 Landline and 4 Cell Phone questionnaires. Incorporated the eight (8) questions in the M4: Health Care Access optional module in Oregon's Core Landline (A and B) and Cell Phone (A and B) surveys. Modified Q3 (barriers to getting medical care) to include a key barrier to obtaining health care in Oregon (couldn't find anyone to accept your insurance) as a response option for inclusion in Oregon's state Landline (C and D) and Cell Phone (C and D) surveys. Draft questionnaires sent to programs for review and revisions. Questionnaires sent to contractor for CATI (Computer-Assisted Telephone Interviewing) programming to pretest and begin data collection in January 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Issues & Answers
2. Subaward Date:	10/1/2012
3. Subaward Number:	3U58SO000041-02W1
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	I&A is prepared to begin CATI programming in January 2013 of Oregon's 2013 BRFSS landline and cell phone surveys containing the optional Health Care Access module. Data collection will begin in January 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Puerto Rico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$123,163.00
8. Award Number:	3U58SO000043-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	During the reporting period comprised from July 2012 to December 2012, PR-BRFSS prepared their Program to accomplish our proposed Goals, Objectives and Activities for 2013. For that reason PR-BRFSS plan to conduct BRFSS survey 2013 in a mixed-mode. The survey include interviews by landlines phones and cell phones. As part of an active surveillance system, PR-BRFSS is committed with emerging public health issues like the Impact of Affordable Care Act (ACA) to include questions when public health officials required more information. All of our activities related with our proposed working plan begun in January 2013. For that, reason there is not any monetary activities to report. Our next report will comprise all action taken from January to September 2013 and our expenses to accomplish the proposed Goals, Objectives and Activities for 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Rhode Island Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,560.00
8. Award Number:	3U58SO000044-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>High Level Description: The Rhode Island Behavioral Risk Factor Surveillance System (RI BRFSS) Prevention and Public Health Supplemental initiative has three goals that includes 1/enhancing BRFSS surveillance on the 2013 survey instrument to monitor the impact of the Affordable Care Act (ACA) in Rhode Island; 2) improving precision of estimates in small areas by increasing landline samples; and 3) achieving greater survey coverage and validity for certain population groups by increasing completed interviews by cell phone mode. The RI BRFSS developed the 2013 Rhode Island tool to include questions on health care access and use, expanded the landline survey from a baseline of 4500 to 5188 respondents, and supplemented the cell phone survey (N=990 respondents) with the addition of 307 respondents, to achieve 25% of landline target. RIBRFSS is working to collaborate with health programs and external partners to disseminate survey information and data via multiple channels, including peer reviewed publications, statistical reports, brochures, web sites, and professional and public presentations. By developing an analysis plan and dissemination plan RIBRFSS will maximize the types of reports and data sharing regarding health care access and its impact on chronic disease, health promotion risk behaviors, and health status. These efforts will allow access to the data beyond health programs to a broader audience, such as policy makers, health care providers, public health professionals and organizations at the local, state, and national levels, academic professors and students, and the general public.</p> <p>Activities Undertaken: The BRFSS Coordinator discussed the 2013 BRFSS tool with the BRFSS Advisory Committee and Survey Development Subgroup. The BRFSS Coordinator submitted the 2013 sample design form to CDC on October 19th and indicated that the landline sample design would be list-assisted with address matching for lead letters with 5 geographic strata. Stratum 1 includes the urban core of Providence County (151 completes per month), Stratum 2 includes outer Providence County (118 completes per month), Stratum 3 includes Kent County (63 completes per month). Stratum 4 includes Bristol and Newport Counties (51 completes per month), and Stratum 5 includes Washington County (49 completes per month). RI's target landline sample size for 2013 is 5,188 interviews, with a total of 432 completes per month. Rhode Island decided on a single survey for the landline and cell phone surveys. There will be no geographic stratification and data will be collected for all 12 months for the cell phone survey. Rhode Island's target cell phone sample size is 1,297 interviews (25% of landline) and the number of targeted completes per month is 108. The 2013 RI BRFSS survey design and questionnaire was finalized on December 1, 2012. The eight questions related to healthcare access and use were incorporated into the survey for the full twelve month period.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ICF International
2. Subaward Date:	09/29/2012
3. Subaward Number:	3U58SO000044-02W1
4. PPHF Funding Amount:	\$93,246.00
5. Subaward Purpose:	<p>[Activities with vendor: The sub-recipient is ICF International and they have been the survey vendor for the Rhode Island BRFSS since 2008. The contract was due to expire on February 28, 2013, but the vendor contract with ICF International will be extended for the 2013 survey year. In the past only the core questionnaire was administered on the cell phone survey. RI made the decision to include all state added questions on the cell phone survey, and the BRFSS Coordinator worked with ICF International to set a budget to include state added questions, including the health care access and use questions on the cell phone survey. In October and November 2012, the BRFSS Coordinator and ICF International determined the geographical stratum and established the target number of completed interviews by month for the landline and cell phone surveys. In November and December 2012, the BRFSS Coordinator and ICF International incorporated state added questions and optional modules into the draft surveys. Drafts were reviewed by the BRFSS Advisory Committee and landline and cell-phone questionnaires were finalized in December 2012. The CATI system for the cell phone and landline survey was programmed, tested and verified, and interviewer training was occurring the last week of December 2012, so interviewing could commence in early January 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$149,079.00
8. Award Number:	3U58SO000045-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	SC BRFSS is utilizing the PPHF funds to supplement their data collection. The data collection of SC BRFSS is being enhanced with the PPHF funds by 1) implementing specific questions that capture detailed information on SC BRFSS participants' health care access and 2) increasing the proportion of cell phone completed interviews compared to landline completed interviews. SC BRFSS executed the first objective through the inclusion of CDC approved questions on this topic. The second objective is being satisfied through the submission of sample population design forms and sample size forms to the CDC, along with constant monitoring of completed interviews to ensure the correction response rates are maintained. SC BRFSS will continue these activities for the duration of the grant.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$126,500.00
8. Award Number:	3U58SO000047-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	Washington State Department of Health will be using funds under this cooperative agreement to enhance public health surveillance on the 2013 BRFSS instrument, adding eight questions about health care access and gathering additional interviews (i.e., increasing sample size). These funds contribute to overall efforts to administer the BRFSS in Washington State in order to monitor key public health indicators at the state and sub-state levels. Activities for this award are scheduled to begin with data collection of the 2013 Behavioral Risk Factor Surveillance System in January 2013. There have been no activities on this project during this reporting period, from the date of award (9/29/2012) through 12/31/2012. No sub-contracts or sub-grants have been awarded.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$99,962.00
8. Award Number:	3U58SO000048-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>From September 30, 2012 through December 31, 2012, CDC Grant Number 3U58SO000048-02W1 provided financial and programmatic assistance to the California Department of Public Health (CDPH), Chronic Disease Surveillance and Research Branch (CDSRB) to maintain and expand 1) specific surveillance using telephone and multimode survey methodology of the behaviors of the general population that contribute to the occurrence of prevention of chronic diseases and injuries, and 2) the collection, analysis, and dissemination of BRFSS data to State categorical programs for their use in assessing trends, directing program planning, evaluation programs, establishing program priorities, developing policy, and targeting relevant population groups. This program will help State monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of disease prevention and health promotion programs.</p> <p>From the period July 1, 2012 through December 31, 2012, the following objectives and activities were performed. The first objective related to BRFSS management and leadership was to maintain adequate and well-qualified staffing dedicated to the overall coordination and operation of California BRFSS. In early January 2013, the program obtained a State Coordinator (Vanessa Miguellino-Keasling) who is a Research Scientist III. The objectives related to ensuring data quality by regular monitoring and training of telephone interviewers were being met, using well-established training protocols and procedures developed by the Survey Research Group (SRG) contracted by CDPH/CDSRB. In addition, the BRFSS Technical Report and Documentation was updated to include information on the 2011 public use dataset.</p> <p>The progress toward the second objective of the second goal, which is to maintain the California BRFSS core sample size around 9,500, has been met. For the 2012 calendar year, SRG has currently exceeded this goal by conducting an additional 1,535 completed interviews. Quarterly datasets have been submitted to CDC through the third quarter, with a final dataset to be submitted in January 2013. SRG expects to distribute the 2012 CBRFSS dataset and technical documentation to all California BRFSS User's Group members by March 31, 2013.</p> <p>The California BRFSS program continued to participate in CDC's cell phone survey in an effort to increase data quality and representativeness. SRG currently has a total of 2,415 cell phone interviews completed. California BRFSS also participated in the adult and child asthma callback surveys. A total of 543 adult asthma surveys and 106 child asthma surveys were completed by December 31, 2012.</p> <p>In 2012, 14 data sets were sent out to programs and institutions: 4 were sent in response to requests from CDPH programs and 104 were in response to requests from other institutions.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Institute
2. Subaward Date:	07/27/2012
3. Subaward Number:	3U58SO000049-02W1
4. PPHF Funding Amount:	\$99,962.00
5. Subaward Purpose:	<p>The purpose of the subaward granted to Public Health Institute (PHI) is for PHI to conduct the Behavioral Risk Factor Surveillance System (BRFSS) activities per the contract agreement entered between the California Department of Public Health, Chronic Disease Surveillance and Research Branch, and PHI. PHI will implement statewide BRFSS computer-assisted telephone interview survey in English and Spanish languages. The survey is performed using sophisticated established methodologies which include the development and testing of the survey in multiple languages, training and monitoring telephone interviewers, programming and maintenance of computer software, coding and tabulation of data, directing epidemiological research projects based on data collected from surveys, and preparing publications for scientific journals.</p> <p>Subaward funds were used by PHI to help restore the California BRFSS sample size to levels collected in 2011 and to increase the proportion of completed interviews conducted by cell phone. In addition, funds were used to expand California's surveillance of behaviors related to health care access and use by placing the BRFSS module on all three tracks of the survey. The data will be analyzed to assess the impact of the Affordable Care Act. California BRFSS staff, in collaboration with PHI, will work to create an analysis plan and work with other programs, and public health experts, and epidemiologists to interpret and disseminate the information.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	District of Columbia Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$130,000.00
8. Award Number:	3U58SO000050-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	To conduct 4800 surveys to District residents 18 years or older on their health status, risk behaviors and access to health care.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ICF Macro International
2. Subaward Date:	01/14/2013
3. Subaward Number:	3U58SO000050-02W1
4. PPHF Funding Amount:	\$130,000.00
5. Subaward Purpose:	Contractor will conduct 4800 surveys to District residents 18 years or older on their health status, risk behaviors and access to health care. Survey collection will begin January 14, 2013. There was no data collection during the reporting period of July - December 31, 2012.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	New Jersey Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,000.00
8. Award Number:	3U58SO000056-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	<p>During the reporting period:</p> <p>1) The recipient developed and submitted a supplemental work plan for review and approval by CDC's Division of Behavioral Surveillance (DBS) for adding designated questions on health care access and use to the BRFSS questionnaire to be implemented in New Jersey in 2013. The work plan covered a) acquisition of the additional resources needed to add the health care access and use questions, b) collection and submission of the additional data on a monthly basis to DBS throughout 2013 following BRFSS protocol, c) analysis of the data collected for detecting changes in health care access and use and the effects of these changes on the population, and d) evaluating the additional data collected and using them to guide programs and health policies at the state level. In addition, the work plan addressed the need to achieve adequate precision and validity for estimates pertaining to geographically-defined communities and other key sub-populations that have been targeted for intervention in New Jersey by increasing the overall sample size in addition to the percentage of interviews completed by cell phone mode.</p> <p>2) The recipient worked with the State's Department of Treasury to establish a subcontract for purposes of data collection using the 2013 New Jersey BRFSS questionnaire, as described in the submitted work plan. (As of December 31, 2012, this subcontract had not been officially awarded.)</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	North Carolina State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$149,951.00
8. Award Number:	3U58SO000057-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, monthly telephone survey of non-institutionalized state residents aged 18 and older in households with telephones. This grant provides funds to add key questions to the 2013 BRFSS survey questionnaire to assess the impact of the ACA on health insurance coverage opportunities and enrollment, access to health care services, use of preventive health services, etc. Supplemental funding will also be used to increase the sample size and the percentage of completed interviews by cell phone mode, thereby increasing the precision of estimates in small areas and sub-populations. The survey begins in January 2013, so no activities were performed during the 7/2012 to 12/2012 reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Utah Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$157,617.00
8. Award Number:	3U58SO000058-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	The Utah BRFSS Program has finalized the 2013 BRFSS questionnaire, which includes 7 questions to monitor health care access and use. The survey is currently in the final stages of testing before data collection begins. Additionally, the Utah BRFSS is set up to collect 10,000 landline interviews and 3,500 cell phone interviews throughout the year so that 25% of total interviews will be obtained on cell phones. Sample has been ordered and set up for the first quarter in order to meet this goal. Other activities specified in Utah's grant application will begin later in the year once some data have been collected.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	Virginia Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$150,186.00
8. Award Number:	3U58SO000059-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	For the reporting period of July 1, 2012 – December 31, 2012 the Virginia Department of Health did not utilize any Prevention and Public Health Funds (PPHF) to support the Virginia Behavioral Risk Factor Surveillance System (BRFSS). During the reporting period, telephone and cell phone interviews were collected by the data collection contractor, Abt. SRBI. For 2012, the number of landline completed interviews increased with a target of 125 completed interviews for each health district. In 2012, Abt. SRBI completed 1,008 cell phone interviews with a cell phone CASRO response rate of 37%, and 5,718 landline interviews with a CASRO response rate of 53%. PPHF funds will be used in the next reporting period to support the 2013 Virginia BRFSS cycle. The number of completed cell phone interviews will increase from a target of 1,000 in 2012 to a target of 2,000 for 2013. It is estimated that 27% of completed interviews will be from cell phone interviews. PPHF funds for 2013 will be used to support additional cell phone interviews, administer the health care access module, cover part of the salary of an epidemiologist, and finally to support web based reporting.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Healthcare Surveillance / Health Statistics
3. Award Title:	Behavioral Risk Factor Surveillance System
4. Recipient Name:	West Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$88,228.00
8. Award Number:	3U58SO000062-02W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.745
11. Summary of Activities:	During the above reporting period, the West Virginia Behavioral Risk Factor Surveillance System program (WVBRFSS) added key questions to the 2013 survey instrument in order to monitor the impact of the Affordable Care Act (ACA) on health insurance coverage opportunities and enrollment, access to health care services, and use of preventive services. The 9 questions consist of a CDC-approved optional module that measures health care access and use. The program proactively secured monthly telephone sample for 2013 sufficient to maintain the number of landline interviews at 2012 levels. Additionally, to better represent the growing wireless-only segment of the population, cell telephone sample was secured for increasing to 25% the cell phone percentage of total interviews. Data collection begins in January 2013.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Research Participation Program in the Division of High-Consequence Pathogens and Pathology (CVDB)
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$52,872.00
8. Award Number:	12FED1206640
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The appointee continues to work on HPV viral-like production and purification for serology assays to test HPV vaccine efficacy.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Research Participation Program in the Division of High-Consequence Pathogens and Pathology
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$29,424.00
8. Award Number:	12FED1206660
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The appointee has been providing support to the HPV Impact and YMSM study performing DNA extraction, HPV genotyping and records/sample management for these specimens.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Support in the Continued Implementation of a Quality Assurance Program
4. Recipient Name:	Booz Allen Hamilton Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$73,333.00
8. Award Number:	12FED1210399
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	<p>Booz Allen will work with the Measles lab to provide support in the continued implementation of a quality assurance program. The implementation support includes supporting quality planning, assistance with documentation, assistance with resolution of key issues and direct support of laboratorians for system implementation. In addition Booz Allen will assist the Measles lab with the development of a QA/QC program for their proficiency testing program.</p> <p>The Booz Allen Hamilton team will continue to assist with creation of draft SOP's for processes included in a quality assurance program and support and refinement of the document control system previously developed. As part of this process Booz Allen Hamilton will continue to work with designated Measles laboratory staff to develop and adopt document templates, a document control framework, templates, and an implementation plan for initiating a structured quality assurance program.</p> <p>SUMMARY OF TASK ACTIVITIES:</p> <ul style="list-style-type: none"> • Support Laboratory in development of standardized protocols • Support laboratory in development of a document control system • Develop operational protocols • Perform training on standardized protocols • Provide training on Quality Assurance • Develop Proficiency Testing QA/QC program • QA/QC for proficiency testing • Document preparation • CLIA compliance • Reporting requirements

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Chicago Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$748,193.00
8. Award Number:	3H231P000546-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The Chicago Department of Public Health (CDPH) Immunization Program is responsible for overseeing activities initiated as a part of the Prevention and Public Health Fund (PPHF): Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance, Adult Immunization Project. CDPH established a contract with the Illinois Maternal Child Health Coalition, a community based organization, to coordinate workplace immunization programs and an assessment of educational programs for retail pharmacies. CDPH also contracted with two Federally Qualified Health Centers (FQHCs – Beloved Community Family Wellness Center and Near North Health Services Corporation) and Alliance of Chicago Community Health Services, LLC, an agency that oversees the electronic health record system (EHR) for eleven FQHCs to coordinate adult immunization quality improvement initiatives which incorporate EHR enhancements. Since receiving the PPHF funds, CDPH has executed all but Alliance's contract, which is expected to be finalized within the next 4 weeks. CDPH has also provided contracted agencies with resources and guidance to establish and implement their programs, organized monthly meetings and provided summaries of the meetings to the contracted agencies. CDPH has also assisted the FQHCs in generating baseline vaccination rates and connecting the Chicago Area Immunization Campaign with key contacts in key stakeholder agencies (e.g. businesses, retail pharmacies, other programs within CDPH). In addition, CDPH provided over nearly 14,000 doses of influenza vaccine, over 5,000 doses of Tdap and over 4,000 doses of hepatitis A/B vaccine to the FQHCs using 317 and local funds. CDPH will be requesting a no cost extension as several of the projects will need additional time to fully implement the proposed projects.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Illinois Maternal and Child Health Coalition
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H231P000546-01
4. PPHF Funding Amount:	\$267,106.00
5. Subaward Purpose:	The Illinois Maternal and Child Health Coalition (IMCHC) is leading the workplace immunization objective. IMCHC has engaged many businesses, including McGraw-Hill Education, Cushman Wakefield, and the Chicago White Sox, as well as two business associations. The successful engagement of many businesses that are participating in the assessment can be attributed to IMCHC and CDPH's existing relationships with these businesses. In mid-September, IMCHC finalized an assessment tool using the input from the staff of the Midwest Business Group on Health (MBGH) to assure appropriateness for the target audience. Since then, the survey has been distributed to 22 businesses, 5 of which have started or completed the survey. IMCHC originally sought to distribute the survey to members of MBGH, but the association already has information regarding on-site influenza vaccination clinics from a survey disseminated in 2010. IMCHC is working with their contact in MBGH to obtain the final report of the 2010 survey. Once IMCHC receives surveys from a business, the staff will determine the immunization needs of that business. A template for the curriculum has already been developed with references to Partnership for Prevention and the CDC workplace immunization toolkits. IMCHC has developed a directory of 26 corporate immunizers. These toolkits will be provided to businesses interested in delivering immunization services in the workplace. IMCHC subcontracted with the Illinois Chapter of the American Academy of Pediatrics (ICAAP) to coordinate the pharmacy activities. ICAAP has engaged several stakeholders including Walgreens, Safeway, Target, CVS and SuperValu, the Illinois Pharmacy Association, and the University of Illinois, College of Pharmacy. ICAAP developed two surveys (i.e., corporate level and regional level) to assess the immunization practices and educational needs of the retail pharmacies. These surveys were distributed to the five retail pharmacies that were identified at the start of the project. Walgreens, Target and Safeway have completed the surveys. CDPH and ICAAP continue to work with SuperValu and CVS to encourage their participation in the survey. ICAAP has developed executive summaries of the survey results for Walgreens, Target and Safeway. These reports summarize the educational needs for each of the pharmacies. The education curriculum for each pharmacy will be developed based on the assessments. ICAAP is currently reviewing existing educational programs and materials that can be incorporated in the curriculum. Due to the delays of survey completion and general buy-in from pharmacies, CDPH and ICAAP anticipate applying for a no-cost extension for the pharmacy objective of the project.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alliance of Chicago Community Health Services, LLC
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H231P000546-01
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	The Alliance of Chicago Community Health Services is a corporation that oversees the EHR system of 11 federally qualified health centers in Chicago. The Alliance was awarded funds to increase the adult immunization rates of Tdap, hepatitis A and B, influenza, and pneumococcal vaccines. The Alliance is focusing on nine of their 11 FQHCs that provide preventative services including vaccines. The Alliance worked with an epidemiologist at CDPH to generate baseline vaccination rates at the FQHCs. Initially, Alliance focused on creating immunization coverage reports for each of the FQHCs and increasing healthcare provider's access to immunization information in the EHR (EPIC). Currently, Alliance is working with each of the FQHCs to review immunization coverage level reports (provided by CDPH) and to determine the quality improvement activities each FQHC will implement. Alliance has successfully tested the interface between the EHR and the Illinois Department of Public Health's immunization registry (ICARE) at six of the nine participating FQHCs. These FQHCs are not transmitting data regularly, but the Alliance is working with a third party, Qvera, to develop a system for regularly transmitting immunization data to ICARE. The Alliance anticipates requesting a no-cost extension to allow more time for thoughtful quality improvement activities and EHR modifications.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Beloved Community Family Wellness Center
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H231P000546-01
4. PPHF Funding Amount:	\$85,000.00

5. Subaward Purpose:	The Beloved Community Family Wellness Center is a federally qualified health center (FQHC) that was awarded funds to increase Tdap, influenza, and pneumococcal immunization rates in adults. In order to determine a baseline, Beloved worked with an epidemiologist at CDPH to generate the initial adult immunization rates for the three vaccines. Because the baseline vaccination rates are low, Beloved is currently working on many different levels to increase coverage. The EHR manager has implemented reminder alerts for providers when a patient is due or overdue for a vaccine. Beloved has met with their providers and retrained them to not ignore this alert and screen the patient for the immunization. In the beginning of December, Beloved used National Influenza Vaccination Week as the catalyst for the adult immunization education activities including immunization administration. A quiz about the flu vaccine was given to each person in the waiting room. Providers used the quiz as an opportunity to educate the patient and their families about the benefits and misconceptions of the flu vaccine. After National Influenza Vaccination Week, Beloved developed packets that contain vaccine information they call "Quick Facts". According to the adult patients and the Beloved staff, the "Quick Facts" are easier to read and understand, but are just as informative as VISs. Patients now receive the "Quick Facts" for all three vaccines while waiting to see their healthcare provider. Beloved is in the process of establishing an interface between their EHR (NextGen) and the Illinois immunization registry (ICARE). However, this process is complicated since Beloved must communicate with NextGen by way of the Illinois Primary Healthcare Association. Until the interface is established, Beloved will send files of immunization data to the Public Health Node (a free interface service) which will then transmit the data to ICARE.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Near North Health Service Corporation
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H23IP000546-01
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	The Near North Health Service Corporation (NNHSC) is a federally qualified health center that has six (6) sites in the Chicago area. NNHSC's goal is to increase adult immunization rates for Tdap, hepatitis A and B, influenza, and pneumococcal vaccines. NNHSC is a member of the Alliance of Chicago Community Health Services and received baseline adult vaccination levels from the Alliance. NNHSC will use these data to identify which quality improvement activities will be implemented for which patient populations. At the EHR level, the NNHSC has already incorporated pop-up alerts when a provider logs into the electronic system to remind providers to screen patients and offer immunizations. NNHSC has also worked with their public relations department to develop adult immunization posters to display at all NNHSC sites and exam rooms. In each exam room at the NNHSC sites, there is an adult vaccination schedule posted to remind the provider to screen for immunizations. This schedule is a modified version of the ACIP recommended vaccination schedule for adults and only includes the four vaccines of focus. In December, NNHSC received hepatitis A and B, influenza and Tdap vaccines from CDPH and are now offering Tdap and influenza vaccines to all pregnant women as well as parents and grandparents of pediatric patients. All sites have tested the interface between the EHR and ICARE and are ready to transmit data regularly. In order to continue these efforts, the NNHSC anticipates applying for a no-cost extension as well.

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Philadelphia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$180,000.00
8. Award Number:	1H23IP000550-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The primary objective of this project is to integrate the Vaccine Management and Tracking System (VTrckS) into the local Immunization Information System (IIS), known as KIDS Plus. VTrckS is designed to capture the funding, distribution, inventory and management of Vaccines For Children (VFC) vaccine at the program and provider level. Integrating VTrckS with KIDS Plus will allow for better dose level accountability for VFC vaccine distributed in Philadelphia, instantaneous access to product lot number information, and efficient allocation of VFC vaccine among providers. To date, the Philadelphia Department of Public Health has performed testing of the VTrckS addition to KIDS Plus and have trained staff on its use. The module has passed User Acceptability Testing and will be incorporated into a production environment, with a go-live date of April 1, 2013. Provider sites for early implementation have been selected and their training will commence in the immediate future.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Delaware State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$834,169.00
8. Award Number:	1H231P000557-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	To provide support for the enhanced interoperability of Electronic Health Record (EHR) systems and Immunization Information Systems (IIS) with a specific focus on the exchange of vaccination records. Funding will be used to plan, enhance, adopt and apply health information technology standards for direct health care system interoperability with EHRs and IIS. Negotiated and entered into an agreement with the State's HIE, the Delaware Health Information Network (DHIN) to facilitate the communication with provider EHR's to modify their system to support bi-directional communication. Identified the EHR vendors for the State's providers who submit immunization data. Reached out to providers and pharmacies to test HL7 messaging, having 2 providers and 1 pharmacy company providing electronic reporting to a SFTP site for entry into the IIS. No funds have been expended to date, but are awaiting invoices from DHIN to start payment of services.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Delaware Health Information Network
2. Subaward Date:	12/17/2012
3. Subaward Number:	1H231P000557-01
4. PPHF Funding Amount:	\$600,000.00
5. Subaward Purpose:	Recruit physician practices and negotiate contracts with EHR vendors to participate in the development, implementation, and beta testing of bi-directional interfaces to the IIS.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$450,728.00
8. Award Number:	1H23IP000562-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	This award was provided to establish a vaccine ordering module within the Illinois IIS system (I-CARE) to interface with CDC's VTrckS vaccine ordering and management system. Interface to existing VACMAN system was established shortly after the award; 13 VFC providers (both public and private) were enlisted as sub-grantees to pilot the new interface within I-CARE to order and account for vaccine utilization. These subawards recipients are chronicled below as sub-grants; each recipient received \$7,500 for performing the pilot project deliverables. Pilots ended in the summer of 2012. Since then, I-CARE staff have been continuing to provide training on the ordering and the accountability module in I-CARE and to transition providers-through a process of inventory reconciliation and ordering module training - to approve their rights to order vaccine through the I-CARE interface. At present, of the 1,300 VFC providers enrolled in the VFC program, less than 10% have completed the approval process to order vaccine directly through I-CARE. Beginning 1.14.13, vaccine orders for all providers (other than influenza orders), including those entered directly by providers and those entered by IL vaccine ordering staff, were submitted to CDC through the interface in I-CARE. I-CARE developers have created the interface to VTrckS so that when VACMAN functionality is turned off at the end of January 2013 and IL goes live with VTrckS on 2.4.13, that interface will be functional and the transition will be seamless to Illinois providers.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Walter D. Perez, MD DBA A to Z Pediatrics
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Winnebago County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	County of McHenry, IL - McHenry County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	County of Rock Island, IL - Rock Island County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00

5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	County of Stephenson, IL - Stephenson County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H231P000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Macon County - Macon County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H231P000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Madison County - Madison County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H231P000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	County of Peoria - Peoria City/County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H231P000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Richland County - Richland County Health Office
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H231P000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	County of Tazewell - Tazewell County Health Department
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southern Illinois Healthcare Foundation - Belleville Family Health Center
2. Subaward Date:	10/26/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Counties Helath Centers, Inc.
2. Subaward Date:	10/19/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Friendly Family Medical Care, Inc.
2. Subaward Date:	10/24/2012
3. Subaward Number:	1H23IP000562-01
4. PPHF Funding Amount:	\$7,500.00
5. Subaward Purpose:	Pilot award funds were utilized to defray staff costs associated with required attendance in Springfield, IL for a pilot site training and orientation session and for staff time needed to pilot the I-CARE interface and keep I-CARE staff informed of any suggestions for field or functionality improvements, errors or bugs in the application, etc. Pilot staff were required to participate in bi-weekly conference calls, to perform initial inventory counts manually into Inventory System; to remove expired and -0- balance lots from inventory; to ensure temperature logs are entered in I-CARE for at least 30 days prior to every order; to ensure that the VFC pediatric vaccine order, inventory & accountability form was reconciled and ALL VFC immunizations are accounted for prior to every order being placed, to successfully create and submit a VFC order via I-CARE; and upon delivery, to confirm delivery and order completion within the vaccine ordering module in I-CARE.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Montana Department of Public Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$481,365.00
8. Award Number:	1H231P000572-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>The Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance, Improving Reimbursement in Public Health Clinics project completed several of the activities outlined in the cooperative agreement proposal. A summary is provided below.</p> <p>Immunization (IZ) Program staff continue to meet with representatives from Healthy Montana Kids (HMK) Plus (Medicaid) and Healthy Montana Kids (CHIP) to discuss ways we can work together to assist health departments with billing for immunization services. Staff members from both programs attend the quarterly IZ Billing Networking calls.</p> <p>IZ staff members have also had discussions with Blue Cross/Blue Shield, United Healthcare, Health InfoNet, and Cigna. The first three attended the billing training to provide information about enrolling as preferred providers with their programs. More recently staff had discussions with Cigna. Beginning January 1, 2013 Cigna took over as the administrator for the State of Montana health benefit plan. We are awaiting Cigna to finalize their paperwork for enrolling health departments.</p> <p>IZ Program staff also met with the Office of the Commissioner of Securities and Insurance. To discuss ways they could assist the project. They were a wealth of information about laws and practices related to the different plans. They provided us a number of contacts at the state and federal to discuss plan non-payment concerns. They will be invited as a guest speaker for our March 2013 IZ Billing Networking call.</p> <p>A two-day immunization billing training was held for health departments. The first day was led by the planning committee which covered the basics in establishing a billing program. During the second half of the day there were presentations from four third-party payers. The second day was led by an expert on billing coding.</p> <p>The IZ Program hosted a WebEx training provided by Noridian (Medicare Administrator for Montana) on billing Medicare for immunizations. There were 34 attendees.</p> <p>The IZ Program continues to host quarterly IZ Billing Networking calls. The calls are well attended by staff from the local health departments and our HMK Plus and HMK partners. The calls open with announcements from the IZ Program and then it proceeds to open discussion. Callers can ask questions, which others on the call comment with similar issues or possible solutions. The calls, on average, last one hour.</p> <p>A survey of local health departments' billing practices has been created and will be disseminated in January 2013. The health departments were surveyed about their billing practices in 2010. The results provided information to guide the planning process. This survey is to see where the health departments are with their billing practices in order to determine the next steps with the grant (i.e., what type of additional training to provide) as well as to establish the contracts for improving billing practices.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Rhode Island State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$246,299.00
8. Award Number:	1H23IP000574-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>Since August, the Ocean State Management of State Supplied Immunizations System (OSMOSSIS) project team has begun testing both the provider experience and administrative functionality. The user team and technical teams each conducted weekly project review meetings and twice weekly work sessions. Most provider experience functionality is now fully developed. In addition to refining existing pages in the Ordering Wizard, the Waste/Return screen and the Attestation pages were developed and incorporated into the work flow. The Administrative Dashboard, Order History and Details pages, and Order Management tabs, and critical path administrative functionality were also developed. New software was installed in the test environment as new functionality became available and corresponding release notes were published. OSMOSSIS project team developed product maintenance functionality, the ability to manage orders containing unavailable products, order receipt functionality, and most of the remaining business rules were incorporated. The team continued to test both the provider experience and administrative functionality. Both of these components continue to be refined based on the incremental addition of original requirements, fixes to defects discovered during testing, and newly requested enhancements. New software was installed in the test environment as new functionality became available and corresponding release notes were published. The user team and technical teams each conducted weekly project review meetings and twice weekly work sessions. The first set of EXIS interface files for provider master, inventory, and order data were created and sent to CDC for upload into the VTrckS test system. In preparation for production implementation, audit logging and Reactivate Lot Number functionality was refined, certification rules were implemented, and the production implementation plan was finalized. A successful production implementation occurred on November 13, 2012.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HLN Consulting
2. Subaward Date:	07/01/2012
3. Subaward Number:	1H23IP000574-01
4. PPHF Funding Amount:	\$207,025.00
5. Subaward Purpose:	<p>Man hours reported to date for the items listed in Item 11 above summarize the funds expended to date: • Programmers: 612.5 hrs • Project Manager: 150.36 hrs • Business Analyst: 262.92 hrs</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$710,347.00
8. Award Number:	1H231P000577-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The New Mexico Immunization Program (NMIP) received funding to integrate the Statewide Immunization Information System (NMSIIS) into VTrckS. New Mexico will go live with VTrckS in May, 2013. To date, NMIP has developed an RFP to contract for the needed Information Technology work to: modify/upgrade NMSIIS as needed to integrate with VTrcks, and to provide the needed training to Vaccines for Children Providers who use the systems for ordering and inventory of vaccine. Contracts associated with the RFP are expected to be executed in Spring 2013. In the meantime, NMIP staff and an Infectious Disease Bureau epidemiologist are working to clean and validate the data in NMSIIS in prepare for integration with VTrckS- particularly as more providers onboard with Electronic Health Record exchange.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Kentucky State Cabinet for Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$910,657.00
8. Award Number:	1H23IP000677-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>In Sept. the Kentucky immunization Program (KIP) formed a work group for PPHF Area 8, School Survey, to include: the Program Manager (PM), our CDC Public Health Advisor (PHA), and the members of KIP Research and Evaluation Team (2 epidemiologists and a data manager). Oct. through Dec. our KIP PPHF Team participated in monthly conference calls with CDC and conducted internal monthly meetings to discuss our plans and progress. CDC notified Grantees in Nov that planned webinars were unusable so initial viewing should occur in December. KIP received the Sampling Webinar and Appendix E on 12/21/2012. One staff member has reviewed the Webinar as of this report and has started the discussion about sampling procedures for school validations in the spring. Notes are being generated about the overall use of the webinar at this time as other staff continue to review the materials received. Concurrently, due date of state school survey materials is 12/31/12 and return rate is rapidly increasing. We continued to track the 2011-2012 annual school survey progress with biweekly updates at the county level as we sort and clean data through this entire time. Our plan is to establish a timeline and compile comments after the entire team has viewed the Sampling Webinar. KIP also formed a workgroup for the PPHF Area 5, Storage and Handling (S&H) in late Sept 2012 to include: the PM, our CDC PHA, an Epidemiologist and members of KIP VFC Team. In Oct. Adobe Pro was purchased, a Health Program Administrator Position was established in KIP; a candidate was selected and awaits approval from KY Personnel Depart. Also, research began in Oct. for purchasing thermometers to meet CDC requirements; the workgroup met in Dec. to discuss findings and determined to continue research. In Nov. Staff explored and negotiated prices with suppliers for educational materials. Survey questions were developed and sent to providers regarding S&H in their agency. 100+ responses have been returned and are being compiled for the teams review. A meeting was held with KIP central office staff to discuss the Interim Guidelines and Program Manual Updates. Interim Guidelines were supplied to providers, a new thermometer memo for providers was drafted and a meeting scheduled with Field Staff to discuss changes. December, a two day meeting with all KIP staff was convened to discuss the Program Manual and S&H updates. A memo detailing storage and handling changes along with other program changes was created. Oct. through Dec the workgroup participated in monthly conference calls with CDC and held internal monthly meetings. Memos remain in the approval process and we continue to work with our PO scheduling monthly calls and technical assistance. All information and documents developed for each of the PPHF Areas are stored on a shared drive for easy access by staff.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$900,000.00
8. Award Number:	1H23IP000678-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The Massachusetts Department of Public Health (MDPH) will develop and fully implement a plan to improve current provider vaccine storage and handling practices in the Commonwealth. MDPH will embark on an enhanced multifaceted provider education campaign focused on vaccine storage and handling practices that will include printed materials, online resources, webinars, newsletter articles and integration into provider presentations and training. A core component of this campaign will be the implementation of a new policy to prohibit the use of dormitory-style refrigerators for any vaccine storage use (whether permanent or temporary) by 2014. Sites will be educated about the issues with these units and will be given enhanced guidance on the types of refrigeration units that are recommended for vaccine storage.</p> <p>MDPH will also improve the current active reporting procedures for vaccine temperatures. Funds will be used to purchase National Institute of Standards and Technology (NIST) certified calibrated digital product temperature thermometers with continuous data logging and wireless data communication capabilities. These units will be provided to the top 500 practices in the state for use in their primary vaccine storage unit. Software will be developed to allow for the data to be downloaded directly into the Massachusetts Immunization Information System (MIIS). Implementation of this new system at over 500 practices will enable close to real time continuous monitoring of vaccine temperatures by MDPH of over 93% of the publicly-funded vaccine supply in the Commonwealth worth over \$111 million. Enhancements to the MIIS will also allow for electronic reporting of temperatures from all other recipients of state-supplied vaccines that are not initially enrolled in the automatic temperature monitoring system.</p> <p>During this reporting period enhanced vaccine storage and handling requirements have been integrated into various provider materials including the annual VFC enrollment packet. Also, reasearch is currently underway testing several digital data loggers from several vendors in order to make a determination on which product to purchase and supply to providers of state-supplied vaccine. No subawards have been made during this reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Tennessee State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$772,639.00
8. Award Number:	1H23IP000679-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>TN law requires that all requests for the expansion of state programs be reviewed and approved by the State Legislature. The Legislature convenes January 8, 2013. At this time we do not know when this approval will be granted. Thus, expenditure of funds and establishment of new positions to carry out the work of for Program Areas 1 and 3 has not begun.</p> <p>Reporting Period: July 1, 2012 – December 31, 2012</p> <p>Program Area 1(Billable) Summary of Activities:</p> <p>Pending the required legislative approval to expend funds, only activities not requiring specific funding or new positions have been initiated on this project. The Director of Billing and Operational Support (Pam Baggett) has initiated discussions with Information Technology Services (ITS) to discuss hiring a Business Analyst (contracted service). A summary of specifications for the Business Analyst has begun, but has not been finalized.</p> <p>A report from the Tennessee Department of Commerce and Insurance, the state agency that licenses and regulates insurance companies in the state, is under review to identify high volume payors by number of covered lives and market share in the state. A meeting with staff of the Department of Commerce and Insurance has been requested to discuss access to more detailed data on group health plans (insurance companies). This meeting will occur sometime after January 1, 2013; an exact date to be determined.</p> <p>Ms. Baggett has participated in the CDC/AHIP webinars and has reviewed payor information from these webinars, including credentialing requirements to assess any additional provider information that may be required.</p> <p>Reporting Period: July 1-December 31, 2012</p> <p>Program Area 3 (ExIS) Summary of Activities</p> <p>This project awaits the required legislative approval to expend funds and establish the new positions: a public health nurse responsible for provider training and an epidemiologist to document security and contingency plans. In addition, a scope of work is being finalized to initiate the contracting process with a new vendor-managed IIS that will interface with VtrckS. This new IIS is expected to be operational by January 2014.</p> <p>Coming activities: Following legislative authorization, we will establish and fill the nurse and epidemiologist positions. This is expected within 6 months of approval. In the interim, we will continue participation in the monthly conference calls and submitting timely monthly reports as required.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Rhode Island State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$638,034.00
8. Award Number:	1H231P000680-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Rhode Island has a childhood immunization information system known as KIDSNET. About 40% of the immunization data is submitted using HL7 data standards. The rest is submitted via paper or flat files. KIDSNET staff works with Electronic Health Record (EHR) vendors and healthcare provider offices to move toward HL7 data submission but resources limit the pace. As more provider practices implement EHRs and strive for federal meaningful use incentive funds, demand for HL7 interfaces with KIDSNET has increased. PPHF grant support has expanded capacity to establish new or enhanced HL7 immunization interfaces with KIDSNET. Enhanced EHR-IIS interoperability will improve the completeness of immunization histories available, improve the timeliness of immunization data submission to KIDSNET, and improve the quality of data used for IIS coverage assessments.</p> <p>The grant award was effective September 30, 2012. Since then the following activities have been undertaken:</p> <ul style="list-style-type: none"> • A master list of provider sites in Rhode Island has been up-dated. Large high-volume sites have been prioritized for enhancement. • A funding mechanism to provide support to provider sites for development of HL7 interfaces is in place. • Three provider sites have been enhanced to allow submission of immunization data using HL7. Two moved from paper submission of data to HL7 2.3.1. One site was upgraded from submission of flat-files to using HL7 2.3.1 data submission. For these three sites and their EHR vendors, the following was accomplished, and will also be completed for additional sites undergoing enhancement: <ul style="list-style-type: none"> o Assessed training needs of EHR vendor and provider site personnel. o Provide technical assistance and training as indicated. o Implemented test protocols and verified implementation of interoperability specifications o Provided documents, manuals and testing protocols • KIDSNET software was modified to allow routing of incoming HL7 2.3.1 files appropriately to test or production environment. Additional modifications will be needed for implementation of HL7 2.5.1. • Two planning meetings for a meaningful use public health grand rounds have been held. A proposal is in development. • Simple Object Access Protocol (SOAP) was added as a transport option for HL7 files. This transport method is a best practice recommendation of the CDC Transport Layer Expert Panel. No EHR vendors or provider practices have selected to use this method yet. • Worked on Rhode Island's HL7 2.5.1 guide. EHRs sending flat or HL7 version 2.3.1 file can upgrade to HL7 version 2.5.1 using the guidelines. • Provided documents, manuals and testing protocols to EHR vendors and providers upon request. • Reviewed documents and manuals for updates in preparation of reposting at the KIDSNET website.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,298,242.00
8. Award Number:	1H23IP000681-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>PPHF Program Area 2: EHR Interoperability Colorado continues to implement new HL7 interfaces to CIIIS that were initiated under the ARRA grant. Colorado has completed 21 interfaces for 228 clinics or 45% of our target list of 509 clinics.</p> <p>Colorado has conducted some research with other states to find out how they handle security for bi-directional real-time messages. Colorado has found that our approach (message-level encryption) is above and beyond what other states are pursuing and what CDC recommends (transport layer encryption). Because of this, Colorado is choosing to pursue transport layer encryption in order to be more in line with other states and CDC. While this is not the most secure approach, it will be easier for EHR vendors and providers to comply with. Colorado is in the very early stages of crafting a Request for Proposal to solicit vendor support to build out the transport layer encryption capability.</p> <p>Colorado is also in the final stages of hiring a ½ FTE for additional programming support that will enhance our interface development efforts.</p> <p>PPHF Program Area 5: Improve vaccine management, storage and handling at provider and grantee level. Colorado is using this funding to: improve temperature monitoring, improve provider training and update cold chain infrastructure. We are conducting an expanded needs assessment with our providers to collect information on their current storage units and temperature monitoring equipment. The needs assessment will be part of our annual re-enrollment process and will allow us to determine which providers are in compliance with the interim storage and handling guidance. We are on track and on schedule to complete the objectives and activities of this award.</p> <p>PPHF Program Area 8: School Vaccination Assessment Evaluation Colorado is using this funding: to work with stakeholders to evaluate school and child care immunization policy and gain consensus on potential changes to the policy; to utilize the webinar training to improve and standardize the annual school immunization survey methodology; and to test the recommended sampling tool.</p> <p>We compared the sample size calculator we have used [Raosoft's online site] to the equation provided in Appendix E of the CDC materials. Both methods gave the same results, a sample size of 206. The sample size of 350 students used for our state wide immunization survey is more than adequate. We are preparing the scope of work (SOW) for the contract with Colorado Children's Immunization Coalition (CCIC) to conduct meetings with stakeholders. We will be seeking feedback from the CDC on the evaluation components of the SOW. We are on track and on schedule to complete the objectives and activities of this award.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	New Mexico State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,228,327.00
8. Award Number:	1H23IP000683-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	The NM Department of Health Immunization Program is in the process of planning and setting up systems to complete all activities requested through this Cooperative Agreement. A Request for Proposals (RFP) has been issued to solicit support for completion of activities from all sub-awards: Billing for Immunization Services in Public Health Offices; Enhancing Interoperability Between Electronic Health Records and IIS; Improving Vaccine Storage and Handling at the Grantee and Provider Levels; and Using IIS to Improve Rates of Adolescent Immunizations.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Mexico State Department of Health Immunization Program
2. Subaward Date:	9/30/2012
3. Subaward Number:	1H23IP000683-01
4. PPHF Funding Amount:	\$399,612.00
5. Subaward Purpose:	Develop Strategic Plans for Billing for Immunization Services in Health Department Clinics: The NMDOH Immunization Program is working collaboratively with the NMDOH Public Health Division (PHD) to implement the Billing Project. The PHD has centralized jurisdiction over all 55 county-based Public Health Offices (PHOs) throughout the state. All PHOs have been billing for many other clinic-based health services through the Billing and Electronic Health Record (BEHR). Meetings have been conducted with BEHR staff, Health Office staff and PHD management to develop a comprehensive plan for implementation of billing for immunizations. The plan includes, but is not limited to, necessary changes/modifications to BEHR, training of staff, and implementation of the needed contractual agreements to carry-out the plan. An RFP has been issued to solicit qualified contractors to assist with implementation of the Billables Project.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Mexico State Department of Health Immunization Program
2. Subaward Date:	9/30/2012
3. Subaward Number:	1H23IP000683-01
4. PPHF Funding Amount:	\$799,092.00
5. Subaward Purpose:	Enhance Interoperability Between Electronic Health Records (EHRs) and Immunization information Systems (IIS) and Reception of HL7 Standard Messages in IIS: The NM Immunization Program continues interoperability work that has been ongoing from previous funding. To date, several large-volume providers are successfully exchanging immunization records between their EHRs and the NMIS. An RFP has been issued to contract for project management, provider training and technical assistance to to successfully "on-board" the majority of the NM Vaccines for Children Program's 480 providers over the next year. It is anticipated that qualified contractors will be working on the project by June 2013.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Mexico State Department of Health Immunization Program
2. Subaward Date:	9/30/2012
3. Subaward Number:	1H23IP000683-01
4. PPHF Funding Amount:	\$766,348.00
5. Subaward Purpose:	Improve Vaccine Management, Storage and Handling at the Provider and Grantee Level: The NM Program will contract with qualified trainers and nurse educators, through the RFP process, to conduct training and on-site technical assistance for improving vaccine management, storage and handling. The Program is also in the process of purchasing data loggers and other temperature monitoring equipment for distribution. It is anticipated that contracts will be executed by June 2013 to perform comprehensive statewide efforts to improve vaccine storage and handling through September of 2014.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Mexico State Department of Health Immunization Program
2. Subaward Date:	9/30/2012
3. Subaward Number:	1H23IP000683-01
4. PPHF Funding Amount:	\$263,275.00
5. Subaward Purpose:	Utilization of Immunization Information Systems to Improve Adolescent Vaccination Coverage: The NM Immunization Program/NMSIIS has been collaborating with the NM Immunization Coalition and the NM Medical Society-based Clinical Prevention Initiative to plan for launch of a text-reminder program of needed immunizations to adolescents and their parents. A contract is being initiated to conduct focus groups with adolescents to gather information on what they believe would be effective messages/methods for outreach. An RFP has also been issued to solicit contractor(s) to develop a text message system centrally located within the NMSIIS to target adolescent patients and their parents; and implement a physician academic detailing to help adolescent providers better understand adolescent immunization issues, expanding current adolescent Assessment, Feedback and Information Exchange (AFIX) activities in VFC provider offices.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Delaware State Office of the Governor
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$270,800.00
8. Award Number:	1H23IP000684-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The program has identified providers for the data logger pilot project by the following criteria:</p> <ul style="list-style-type: none"> • Largest dollar amount in vaccine stored without an alarm. Determined by 2011 vaccine orders shipped report from VACMAN and storage equipment information sheets from enrollment packets. • Vaccine spoilage/waste reported due to equipment failure according to the vaccine returns tracking spreadsheet. • Providers identified as receiving corrective action for the 2011 VFC Site Visit Questionnaire, high risk questions 18 & 19. Question 18: When temperatures were outside the recommended range, what action did the clinic/ practice take? Question 19: Does the clinic/practice have written documentation of the action taken when the temperatures were outside the recommended range? Determined by the CoCASA VFC Non-compliance report for providers receiving a site visit in 2011. • DPH clinics. <p>The total number of providers invited to participate is 21, 10% of actively enrolled providers. Out of the 21, 14 are private providers, 1 Federally Qualified Health Center (FQHC) and 6 public health clinics. Letters to providers went out on January 17, 2013 with a deadline to respond of February 15, 2013. The pilot project is scheduled to begin on June 1, 2013 and run through December 1, 2013. The program continues to research data loggers to determine products to purchase. Once the participating providers are established, the program will determine the most effective equipment for purchase based on the participating providers need. Different types of data loggers will be used for the pilot project.</p> <p>In January, the program received notification that the business case was approved for the temperature monitoring report module of the IIS. The program is currently working on a contract amendment with the IIS vendor, Envision, to include the temperature monitoring report module. Protocol will be established for electronic reporting of the temperature monitoring reports once the program is familiar with IIS module.</p> <p>The program is working with Delaware Technical Community College, Corporate & Community Programs, to establish a contract for the creation of the VFC training curriculum. The Educational Training Specialist is working on a proposal to include training and a webinar based on the recent edition of the CDC's Storage & Handling Toolkit and VFC requirements and recommendations specific to Delaware. The training will take place twice in all three counties in Delaware over the period of June 1, 2013 through September 2014.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,054,490.00
8. Award Number:	1H23IP000687-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Program Area #2, EHR Interoperability:</p> <ul style="list-style-type: none"> • Staff are working with the vendor to develop the resource estimate for the contract position. • Staff have held preliminary discussion with providers, vendors and the QIO regarding the requirements that need to be met for them to receive new funding. (The QIO is assisting providers with issues related to EHR Interoperability). • We have begun monthly calls with CDC staff for reporting purposes. <p>Program Area #4, Bar Coding:</p> <ul style="list-style-type: none"> • Staff are developing position description for the Project position included in the application. • WIR Manager is working with the vendor to develop the scoping documents and resource estimates for the project. • Staff are participating in related CDC hosted calls and have been asked to share the design documents that have been developed to date and discuss on a future call.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,467,584.00
8. Award Number:	1H23IP000688-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Program Area 1, Billing for Immunization Services: Activities for the billing portion have begun and include meeting with MN's project officer and attending billing presentations at CDC Program Managers' Meeting, finalizing contract language for the informal solicitation process to hire a contracted medical billing consultant, developing much-needed resource pieces to help providers understand Medicare part B/D reimbursement, and developing questions for our billing survey that will go out to local health departments. Program Area 2, IIS EHR Interoperability: To date, we have completed all of our activities and met all milestones set for our planning phase, including finalizing staff roles and responsibilities, updating our master provider list and holding key meetings with stakeholders. We also enhanced 202 sites by transitioning them from flat file submissions to HL7 submissions. Finally, we have made enormous progress early in this project to follow standardization to the CDC's transport method, SOAP/Web Services, by conducting a pilot test with an external system using the CDC's definition in their WSDL. Program Area 5, Storage and Handling: MDH is currently performing a pre-pilot data logger project with local health departments. Three work groups have been created to accomplish the objectives of the grant. The first group will focus on improving temperature monitoring. The second work group will work to improve storage and handling practices, vaccine management, and accountability. The third work group will manage the improvement of cold chain infrastructure including compliance with recommendations and development of a new database for tracking storage and handling data. Program Area 6, Adolescent: Our internal working group for the new adolescent report is meeting and IIS staff are refining and testing the database queries that will populate the report. With regard to the recall portion of the project, we have drafted the Informal Solicitation, Professional Technical Contract Certification Form, and Professional Technical Contract necessary to engage health systems. Currently, we are experiencing a delay in state approval of the contracting forms and the public posting of the Informal Solicitation. IIS staff are also working on identifying which health systems meet the technical criteria for participation so that we may approach them individually. Program Area 9, Small Area Analysis: A data analysis agreement is being drawn up between the Minnesota Department of Health and contractor stating the requirements related to sharing of private data. The contract has been signed by the MDH/IDEPC division director and has been sent to NORC as of 12/21/2012. The total number of children aged 19-35 months in the catchment area is 171,080. We have chosen two vendors to process addresses and phone numbers: Infogroup and West Law.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$994,472.00
8. Award Number:	1H23IP000689-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	The overarching plan for Program Area 5, Vaccine Management, Storage and Handling at the Provider and Grantee Level includes confirming baseline storage capabilities in each provider practice through implementation of a statewide survey; conducting a 10-15 site pilot for the evaluation of continuous temperature monitoring devices, establishing a provider protocol for their use and distributing continuous temperature monitoring and vaccine handling and storage best practice protocols to providers statewide. The hiring process for the requested wage position is in process and the position is expected to be filled by early February. A draft of the statewide survey has been submitted to CDC for approval. Data loggers for the pilot have been ordered and are expected to be delivered by the end of January. The plan for Program Area 3 is to develop a vaccine ordering module within the Virginia Immunization Information System (VIIS) that Interfaces with VTrcks. A sole source contract with Hewlett Packard Enterprise Services (HPES) has been developed and is undergoing agency review. HPES is our current VIIS contractor and while they have begun developing the interface, they cannot bring on needed additional staff until the Sole Source contract has been finalized. Interface development has been delayed further by the need for HPES staff to address VIIS performance and server latency issues. To date the Change Request (CR) for the export file has received agency approval and the Test Plan has been developed by HPES.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	New Hampshire State Department of Health and Welfare
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$307,405.00
8. Award Number:	1H231P000690-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Award Description: The New Hampshire Immunization Program (NHIP) plans to supply calibrated digital data loggers to 300 Vaccines for Children (VFC) providers. The data logger rollout will take place over 24 months. In conjunction with the rollout, the NHIP will 1) hire a full-time vaccine temperature monitoring assistant; 2) develop and implement data logger protocols; 3) implement a data logger educational outreach component; and 4) develop and initiate an evaluation plan.</p> <p>Objective 1: Develop and disseminate data logger protocols, procedures and requirements. Activities: The NHIP collected protocols from five states that use data loggers. We are developing draft protocols that conform to the specifications of the data loggers that we will eventually purchase. The NHIP created a Vaccine Temperature Monitoring Assistant position. The position has been posted and three applicants will be interviewed in January 2013. The program anticipates that this position will be filled by February 2013.</p> <p>Objective 2: The percentage of New Hampshire VFC providers using data loggers will increase to 100% (baseline ~5%). Activities: The NHIP has completed a survey of our provider's refrigerators, freezers, and temperature monitoring equipment. One hundred percent of our 301 providers responded. Preliminary results show that significant portions of our providers are meeting most of the CDC's Interim Guidelines for Vaccine Storage and Handling. We are reviewing the data and will share a summary of our findings the January monthly report.</p> <p>The timeline for the roll out of our data loggers has been extended into 2013. The publication of the Interim Guidelines added a layer of complexity to identifying a suitable data logger device. For example, certain data loggers meet most of the criteria that CDC recommends but lack high/low temperature readings. The NHIP is searching for a data logger that meets 100% of CDC's recommendations. A revised timeline will be included in our January 2013 monthly report.</p> <p>Objective 3: NHIP will develop and roll out a data-logger training plan. Activities: In November 2012, the NHIP met with education and distance learning specialists to design a data-logger training plan using webinars, video archiving, conference calls, and on-site visits. A second meeting is scheduled in January 2013. The NHIP's goal is to develop resources that allow providers to continually update their data logger knowledge and skills through on-line training opportunities.</p> <p>Objective 4: NHIP will establish and implement a provider evaluation plan Activities: The NHIP is formulating plans that include a series of quarterly progress evaluations and a final outcome evaluation in 2014. We anticipate an evaluation plan will be finalized in March 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Chicago Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$642,745.00
8. Award Number:	1H23IP000691-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The Chicago Department of Public Health (CDPH) Immunization Program has been working closely with external stakeholders to develop a strategic billing plan. The meeting participants are comprised of CDPH Revenue staff, CDPH IT, and occasionally Cerner staff. Monthly meetings with stakeholders are held to map the billing process for screening patients, submitting claims, identifying the electronic system(s) that may be utilized. Cerner is the electronic health record vendor that is currently used by other health department programs. CDPH explored the possibility of working with Cerner to develop an eligibility screening and billing module for immunization services. After several initial discussions, it was determined that Cerner will be unable to proceed with the modifications due to contracting limitations. As an alternative to working with Cerner, CDPH decided to establish an Inter-Governmental Agency Agreement with Cook County Health and Hospitals (Stroger). Through the IGA, CCHHS will revise an existing system to capture all elements required for determining insurance eligibility. The work flow will likely include: Data entry into mass immunization registration system; Data export from mass immunization registration system; Data import into Emdeon to determine insurance eligibility and manual data entry into Cerner to submit claims. CDPH is collecting encounter data from city clinics. This data includes, VFC and Insurance status, and number of doses administered, and the number of children that presented at the clinics. Next month, age, and number of children in each specific VFC eligibility category will be included. This data are used to inform decisions on workflow process.</p> <p>The Chicago Department of Public Health (CDPH) is working on improving vaccine management, storage and handling at VFC enrolled sites. The program developed a vaccine storage appliance survey that captures the type of storage appliance(s) that are currently be used by enrolled providers. The survey was emailed and fax to enrolled providers. The target completion date is end of January 2013. To date, we have received ~400 surveys (60% return rate). A database is being maintained with all relevant information. Non-responders were identified with a second request for completion of the survey. We will suspend non-response providers beginning January 25th. CDPH developed and distributed policy regarding no longer allow use of dormitory-style refrigerator/freezers. The policy becomes effective January 1, 2013. CDPH has approved two (2) job aids to assist providers in improving the quality of vaccine management in their practice. The program created and will distribute to all providers a large refrigerator magnet with notice to remove all expired vaccine from refrigerator/freezer. Also, the program designed and will distribute specially designed bags for placement of expired/wasted vaccines until they are return to the distributor.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,299,763.00
8. Award Number:	1H23IP000692-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Program Area 4: The New York State Department of Health (NYSDOH), Bureau of Immunization will implement improvements to the New York State Immunization Information System (NYSIIS) allowing barcoding technology to be utilized by NYSIIS users for recording of immunization and VIS information. One of the primary benefits of 2D barcode scanning is the increased speed and accuracy of reporting vaccine information directly into NYSIIS. Leveraging the initial successes already experienced with practices entering data via the user interface, NYS will enhance NYSIIS to capture barcoded vaccine information from direct user interface (UI) and electronic health records (EHRs). Between 9/29/2012 and 12/31/2012, NYSDOH had initial conversations with OR (a WIR based IIS state) on collaborating on developing requirements for the in-house administrative authority of the vaccine tables to manage new and existing vaccine code in both systems (NYSIIS and OR); began pre-project effectiveness assessment; and have identified the EMR vendors currently participating in the CDC barcode pilot. NYSDOH has also completed all required monthly reports and participated in NYS specific and All-grantee calls with the CDC.</p> <p>Program Area 5: Improve vaccine management, storage and handling at the provider and grantee level. NYSDOH will: (1) develop and deploy an online temperature log for active temperature reporting in the New York State Immunization Information System (NYSIIS); (2) pilot test use of continuous temperature monitor devices among NYS VFC providers; and (3) develop educational materials, training sessions, policy and guidance on best practices for vaccine storage and handling and for vaccine storage equipment. Between 9/29/2012 and 12/31/2012, NYSDOH has initiated work to execute a subcontract to develop an online temperature log in NYSIIS; reviewed specifications on continuous temperature monitor devices to be purchased for the pilot test; reviewed best practices and recommendations for vaccine storage and handling and for vaccine storage equipment; and initiated the hiring of three staff (Project Manager, Trainer, and Research Scientist) to implement all objectives. NYSDOH has also completed all required monthly reports and participated in NYS specific and All-grantee calls with the CDC.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Oregon State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,499,576.00
8. Award Number:	1H231P000693-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Program Area 2 (Interoperability) In the first six months of the Interoperability Project the following tasks were accomplished: 1) limited duration positions for existing interoperability staff were extended through August 2014; 2) target list of potential EHR/IIS interoperability sites was generated; 3) updates to data exchange specifications and documentation are underway and to be completed by Feb 2013; 4) planning/tasks to enhance and update the HL7 on boarding and testing procedures to streamline tasks and improve testing quality and experience underway; 5) met monthly reporting requirements (internal and CDC).</p> <p>Program Area 4 (Barcode) Oregon has spent much of the initial grant period aligning staff with the 2D barcode project deliverables and reporting guidelines. Oregon has funded .75 FTE of an Operations and Policy Analyst 2 and .25 FTE of a Manager level D with 2D Barcode funding. In addition, the ALERT IIS team has provided significant in-kind support. Oregon is currently drafting requirements to enhance our IIS to seamlessly consume 2D barcodes on both vaccines and vaccine information statements. We also plan to partner with the State of New York to leverage resources, since we both use an Oracle-based platform originally designed by Wisconsin. Our two states have previously collaborated in developing and funding enhancements to our systems, and hope to expand the reach of the 2D barcode project through joint development efforts. We are also developing requirements to architect an interface for local updates to NDC, CVX, CPT and brand name code sets as needed. Currently we work through our vendor, which sometimes creates long lead times. A local interface will allow for more timely and accurate updates as needed. There are no sub-awards yet given under this project.</p> <p>Program Area 6 (Adolescent/IIS) The purpose of this project is to increase adolescent immunization rates by using the ALERT Immunization Information System (IIS) to conduct health care provider-based reminder/recall and assessment/feedback activities. The Oregon Immunization Program has started the exception process for hiring limited duration staff persons to serve as project coordinator, fiscal analyst, and administrative specialist. A document to be used for provider recruitment is being developed in partnership with the Oregon Public Health Division's Adolescent Health section, highlighting the current state of adolescent immunization in Oregon and the U.S., and strategies for increasing rates. The process of updating and standardizing addresses in ALERT IIS has started. Mapmarker software has been installed for implementing geocoding standards for addresses. Methods to designate a provider's active adolescent patient population as determined by an immunization documented in the ALERT IIS within the last five years are being considered.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Nevada State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$436,253.00
8. Award Number:	1H23IP000695-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	Storage & Handling: Received authority to spend grant funds. Posted, interviewed, and hired temporary staff (Data Logger Trainer). Submitted purchase request for 60 data loggers for pilot. Adolescent Reminder/Recall: Received authority to spend grant funds. Posted, interviewed and hired temporary staff (Administrative Assistant). Activated Lexus Nexus account for address tracing.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Philadelphia City Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,310,274.00
8. Award Number:	1H23IP000697-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>PPHF Program Area 2 - PHILADELPHIA EHR-IIS INTEROPERABILITY PROJECT. As of December, 2012, the Philadelphia Department of Public Health (PDPH) has hired one (1) PDPH staff for the EHR-IIS Interoperability Project. The title of the position is EHR/IIS Interoperability Coordinator. The staff person was trained regarding HL7 and IIS. As of December, the project is working towards HL7 reporting of immunization data with ten (10) provider sites and/or health care systems in Philadelphia. These sites were identified based on current IIS capability. Meetings, conference calls, and email communications have taken place with several of the provider sites and their EHR vendors. The targeted sites are currently being identified and reported to CDC for PPHF grant reporting. PDPH has also begun discussions with stakeholders at six (6) sites to discuss project goals, deliverables, and timelines. Further, PDPH is currently reviewing HL7 test messages from five (5) sites and communicating feedback to the sites. PDPH is also reviewing batch daily submissions to the KIDS Plus IIS test system from two (2) sites. The EHR/IIS Interoperability Coordinator certifies sites to move to the production environment from the test environment, and continues to monitor regular messages and data quality issues each week, for three (3) months. Additionally, the KIDS Plus IIS vendor is currently establishing HL7 2.5.1 engine and the updates will be available with the IIS upgrade in January, 2013. PDPH worked with the Philadelphia Office of Information Technology (OIT) to establish a training server for IIS upgrade to be tested. Training server and testing of the upgraded KIDS Plus IIS HL7 module was successfully completed. The vendor and PDPH is ready for implementation of the IIS upgrade in the production environment at the end of January, 2013.</p> <p>PPHF Program Area 5 – STORAGE AND HANDLING As of December 2012, Philadelphia has identified providers chosen to utilize the data loggers. These providers will be rolled in waves. The Vaccine Manager has developed a roll out plan for Philadelphia. The Immunization Communications Coordinator, is developing materials, which will be used for training, education, and promotion. The revised Storage and Handling advisory will be finalized and distributed to all VFC providers in January 2013. In addition, general Job Aids for temperature monitoring will also be completed by the end of January 2013. Philadelphia is awaiting an AIM/CDC survey finding to narrow the list of possible approved data loggers. The biggest challenge is identifying which thermometer to choose and acquiring/purchasing the thermometers (paperwork for procurement).</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Pennsylvania State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$832,647.00
8. Award Number:	1H231P000698-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	Three-prong approach for storage and handling; purchase thermometers for provider use, identify providers for immunization education training specifically focusd on proper storage and handling techniques, and update Cold Chain Failure policy for staff and provider use. The school approach will be on revising a reporting database to separate out religious and philosophical in to separate reporting categories. Pa will also be piloting a school audit sampling tool for the 2013/2014 school audits.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$450,600.00
8. Award Number:	1H23IP000699-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	This award was provided to develop strategic plans to establish a billing clearinghouse for immunization services delivered in health department clinics. Effort will be directed with collaboration with the IL Public Health Association (IPHA). Subgrant was executed with IPHA in early December 2012. Meeting with key stakeholders will occur later in January 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Illinois Public Health Association
2. Subaward Date:	12/06/2012
3. Subaward Number:	1H23IP000699-01
4. PPHF Funding Amount:	\$448,100.00
5. Subaward Purpose:	Grant agreement with IPHA requires that association staff convene a group of advisory stakeholders with substantial experience billing both public and private insurance plans to meet frequently during the initial planning period to determine the most efficient and effective measures to recover billable costs incurred by local health departments in providing immunization services, complete an assessment of existing billing practices occurring at local health departments, perform a policy and fiscal analysis of immunization billing certification requirements by most common insurers operating in Illinois, produce written policies and procedures for the Immunization Billables Clearinghouse (IBC), identify enhancements needed to the I-CARE registry system to facilitate registry use for billing documentation to support electronic billing of commercial carriers, identify and train staff from local health departments to participate in 10 pilot sites to test the Immunization Billables Clearinghouse from July 2013 through June 2014, developing staff training materials and operational protocols for LHDs to document and recoup administrative costs associated with immunizations for Medicaid-eligible children, providing regional training events to ensure that LHD personnel are familiar with using the I-CARE system for documenting immunizations, procuring and distributing an initial vaccine supply to address pilot local health department needs and assuring adequate trained staff at IPHA to process claims during pilot and grant period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,194,777.00
8. Award Number:	1H23IP000701-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The North Dakota Department of Health (NDDoH) received funding to conduct activities for five different program areas. Program Area 2 is to increase interoperability between the North Dakota Immunization Information System (NDIIS) and various electronic health records (EHR) throughout the state. The NDDoH has been unable to hire an interoperability coordinator for this grant due to lack of qualified applicants. A contract between the NDDoH and NDIIS vendor is under review. Program Area 5 is to improve the current policies regarding storage and handling of vaccines. Program Area 6 is to use the NDIIS to improve vaccination coverage of adolescents 11 – 18 years of age for Advisory Committee on Immunization Practices recommended vaccines. The NDDoH has hired a Quality Assurance Coordinator to conduct activities for program areas 5 and 6. Program Area 8 is to enhance the current school immunization survey practices, identify clusters of vaccine refusers and to encourage schools to enforce school immunization requirements. The NDDoH started reviewing webinars associated with this program area. The NDDoH conducted its annual school immunization assessment. Program Area 9 is to develop methodology to be used by the NDIIS to produce estimates of vaccination coverage at the local level in an effort to identify pockets of need for intervention and to identify small area- and NDIIS-level factors that identify local areas with lagging vaccination coverage that can be used by the immunization program to target resources and interventions. The NDDoH is waiting for the Centers For Disease Control and Prevention to obtain institutional review board approval for program area 9. The NDDoH has participated in monthly conference calls for each of the program areas and submitted monthly activity and budget reports to CDC for each of the areas.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,796,046.00
8. Award Number:	1H23IP000702-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Program Area 2: We have completed contract negotiations and developed the statement of work with Scientific Technologies Corporation. We expect the contract to be executed by the end of January 2013. The resources gained by this contract are needed to ensure that we have adequate staff to support this project. We have identified 54 provider practice sites for enhancement.</p> <p>Program Area 5: We are recruiting a coordinator and drafting the contracts associated with the project. We cross-walked our existing policies with the new best practices for vaccine storage and handling and we identified the differences and gaps between them. We reviewed and started updating our existing materials for the new best practices. We are developing training that reflects the new best practices. We are identifying possible pilot sites and developing the pilot selection criteria. We are reviewing storage and handling practices using existing site visit data. We connected with the State Immunization Action Coalition (IACW), all 35 local health jurisdictions (LHJ), and the Washington Chapter American Academy of Pediatrics (WAAAP) to support our outreach efforts. We shared the best practice recommendations with LHJs. We set dates with the IACW, and LHJs for training on best storage and handling practices, and have an agreement with the WACAAP to publish a newsletter article. We created materials for a mailing that will go out to all providers by mid-January.</p> <p>Program Area 6: We participated in CDC all-state conference calls and CDC Project Officer conference calls to discuss initial project needs and possible project measures. Monthly project reports are submitted to our CDC project officer. We conducted initial internal project planning to include discussions on project roles and responsibilities and identified potential staff and subject matter experts for the internal workgroup. We convened an internal project team to outline areas of impact, such as AFIX/IIS project consideration needs. We submitted the initial draft of the overall project work plan for review.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,100,000.00
8. Award Number:	1H231P000703-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>Area 2: Four members of the five-member interoperability team is in place. Weekly conference calls are scheduled with target clinics to assess project status. 69 facilities have been moved into the production environment; two clinics are in the parallel implementation phase with one clinic is ready to move into parallel; there are several clinics in the "testing" phase. Activities for this grant are on schedule.</p> <p>Area 4: Working with vendor to enhance develop scope of working to enhance the registry with bar coding reading capabilities, as well researching bar code scanners.</p> <p>Area 5: Working to develop pre and posttest and other educational materials. Researching temperature loggers and developing a strategy for the pilot project and statewide rollout. Preparing wastage reports by clinic and category for educational purposes for each clinic. Have filled two of the three member team.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$736,710.00
8. Award Number:	1H23IP000704-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	Description: 1. Develop HL7 version 2.5.1 interface. 2. Implement automated processing of interface data. 3. Develop improved error handling for HL7 interfaces. 4. Develop data quality feedback for providers. 5. Develop a HL7 automated assessment tool for vendors. Activities undertaken 9/2012 – 12/2012: Preliminary discussions about data quality reports and error handling enhancements.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	New York City Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,788,439.00
8. Award Number:	1H23IP000706-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) Bureau of Immunization (BOI) was awarded PPHF funding in five program areas of this funding opportunity. Specific awards and associated activities are below.</p> <p>1) Program Area 2: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages BOI is increasing the number of EHRs interfacing with NYC's IIS, the Citywide Immunization Registry (CIR) and the number of bi-directional connections to the CIR. As of 1/1/2013, 226 sites are reporting vaccinations through their EHR systems. BOI is also updating reporting standards to ensure consistency and sustainability of all BOI applications.</p> <p>2) Program Area 3: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system BOI is developing and testing enhancements to the Vaccine for Children vaccine ordering and inventory system housed in the CIR. The improved system will track providers' vaccine inventories at the lot number level. A Project Manager and Outreach Specialist are being recruited.</p> <p>3) Program Area 5: Improve vaccine management, storage and handling BOI is improving vaccine accountability by increasing routine provider training on vaccine storage and handling, developing and distributing job aids, and providing digital continuous temperature data logger thermometers. BOI is currently testing continuous thermometers with remote alert systems and recruiting a Project Manager and 4 College Aides.</p> <p>4) Program Area 6: Utilization of immunization information systems to improve adolescent vaccination coverage BOI is improving uptake of adolescent vaccines by collecting better contact information (email and cell phone numbers) to recall adolescents due for vaccines and to increase parental awareness of adolescent vaccines. A Project Manager is being recruited. BOI is updating the HPV Health Bulletin to include male vaccination recommendations and translating the Bulletin into 6 additional languages.</p> <p>5) Program Area 9: Use of IIS to conduct small area analysis of vaccination coverage BOI is developing methodologies to produce small area analysis of vaccination coverage. BOI upgraded the CIR patient de-duplication software so that it is now cheaper and easier to integrate with other services. Recruitment efforts for a Project Coordinator are ongoing.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$830,000.00
8. Award Number:	1H23IP000707-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The California Vaccines for Children Program will implement an expanded needs assessment that includes estimation of incidence of temperature excursions, knowledge of vaccine and storage and handling recommendations, and types of refrigerators used. The needs assessment would address needs related to monitoring of storage temperatures and vaccine management, training and infrastructure (equipment and systems). The needs assessment will address information gaps and should establish a baseline for assessing the impact of proposed interventions to improve vaccine storage and handling practices. CDPH-IZB intends to enhance vaccine storage and handling infrastructure, monitoring of refrigerator and freezer temperatures, and management approaches to improve vaccine and cold chain management at provider and grantee level. CDPH-IZB will utilize this funding to conduct a number of activities to accomplish enhanced storage and handling practices:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform temperature monitoring testing of vaccine storage equipment in order to assist providers in purchasing units that maintain temperatures. <input type="checkbox"/> Perform tests of continuous temperature monitoring systems to determine which ones may be most useful and economical in assisting providers to monitor temperatures. <input type="checkbox"/> Design a system for tracking provider thermometer calibration. <input type="checkbox"/> Design a system for collection of temperature logs during the vaccine ordering process.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of California San Francisco
2. Subaward Date:	TBD. Still waiting on authority to spend funding.
3. Subaward Number:	1H23IP000707-01
4. PPHF Funding Amount:	\$830,000.00
5. Subaward Purpose:	The Immunization Branch has not received approval from the Legislature to spend the grant funds to date. Existing UCSF staff have formed a small workgroup to begin a limited number of activities while we wait for approval to spend the funding. The workgroup has researched continuous temperature monitoring devices. A spreadsheet of approximately 30 devices was developed and the devices were evaluated to determine if they met CDC's guidelines. The workgroup is purchasing 6 devices to test to determine which devices should be recommended and/or purchased for providers later in the project period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Nebraska State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$835,028.00
8. Award Number:	1H23IP000708-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	Development of an RFP for contracted services to develop plans for billing by public immunization clinics and review of current vaccine barcode practices used for immunization purposes.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Arizona State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$652,450.00
8. Award Number:	1H23IP000709-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	This cooperative agreement provides funding for a project that was started with ARRA funds two years ago. Interfaces were developed for 8 additional providers to use for the automated submission of HL7 immunization data to the Arizona State Immunization Information System, ASIIS. Work has also progressed on providing prebaseline performance assessments.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Scientific Technologies Corporation
2. Subaward Date:	09/30/12
3. Subaward Number:	1H23IP000709-01
4. PPHF Funding Amount:	\$244,992.00
5. Subaward Purpose:	The contractor provides annual maintenance and support for ASIIS, the iWeb product and the PHC-Hub products that are integral to HL7 reporting. iWeb provides connectivity and PHC-Hub is a suite of tools that provides the required functionality and management of HL7 messages. In this reporting period, a portion of these funds have been used for maintenance and upgrades to ASIIS and these products.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Texas State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$798,080.00
8. Award Number:	1H23IP000710-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	The funds will be used to continue on-boarding providers using Health Level 7 (HL7) formatted batch immunization data files. This is a continuation of the enhancement of the interoperability of ImmTrac, the Texas statewide immunization information system, with electronic health record (EHR) systems used by Texas health care providers, as well as with those vendors whose electronic health record products have wide scale use in Texas. HL7 is the standard adopted by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Program for Meaningful Use (MU). Limited assistance will be available to participating providers to establish connectivity through File Transfer Protocol secure upload. Limited assistance and education will also be offered on the reporting process, which includes but is not limited to: Registration, Data Quality Reports, and the Return Notification File for a closed loop approach to ensuring the best data quality possible. No funds have been expended yet. It is planned to begin expending funds in January 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Michigan State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,010,990.00
8. Award Number:	1H23IP000711-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	The Michigan Department of Community Health (MDCH) will be using: PPHF 2012- Immunization Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance funds to support special projects within the Division of Immunization. These projects will be used to improve efficiency, effectiveness and the quality of immunization practices by strengthening immunization information technology infrastructure, building public health department capacity, and expanding immunization delivery partnerships so that greater protection is provided against vaccine preventable diseases. The specific areas Michigan will be working on are: Program Area 2: Enhancing interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS; Program Area 4; Vaccine Barcode Improvement; Program Area 5, Improve vaccine management, storage and handling at provider and grantee level; Program Area 6, Utilization of immunization information systems to improve adolescent vaccination coverage; and Program Area 9, Use of immunization information systems (IIS) to conduct small area analysis of vaccination coverage.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute (MPHI)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H23IP000711-01
4. PPHF Funding Amount:	\$661,500.00
5. Subaward Purpose:	2012 PPHF grant funds sub-awarded to Michigan Public Health Institute (MPHI) during this reporting period totaled \$661,500 and were used for the following purposes: Program Area 2: \$289,500- Three MCIR programmers, one MCIR HL7 programmer, one Business Analyst, and one Interoperability project manager who are jointly responsible for database development, bi-direction HL7 development and forecasting, HL7 file testing and certification, coordinating vendor selection, providing technical assistance to vendors and providers, and overall project implementation. Program Area 4: \$122,000- one MCIR programmer, one project manager, and one barcode manager who are responsible for database development, NDC code mapping in MCIR, pre-programming and uploading immunization data into the scanners, on-going maintenance, overall project coordination with providers. Program Area 5: \$140,000- one project lead and one MCIR programmer who are responsible for overall project coordination, development of database infrastructure and implementation within the immunization registry, and data management (collection, compilation, and analysis) from state, local health department, and private provider sources. Program Area 6: \$100,000- one project lead who is responsible for serving as the main point of contact for all project activities, coordination of activities with stakeholders (providers, health plans, health systems, local health departments, and MCIR regional staff), managing reminder/recall activities, coordination with AFIX coordinator on provider feedback activities, and overall project coordination. Program Area 9: \$10,000- one MCIR programmer who is responsible for development and implementation of immunization registry enhancements and on-going maintenance.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Michigan- C.H.E.A.R. Team
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H23IP000711-01
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	2012 PPHF grant funds sub-awarded to University of Michigan- C.H.E.A.R. Team during this reporting period totaled \$50,000 and were used for the following purposes: Program Area 2: \$50,000- evaluation contract with University of Michigan who is responsible for conducting pre and post provider surveys and developing a final report on the barriers and successes of the HL7 implementation process in Michigan. Surveys will include timeliness of data submissions, data quality measures for completeness, duplicate rates on vaccine and patients in MCIR unique to each provider site pre and post submission of data to MCIR via HL7.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	SouthEastern Michigan Health Association (SEMHA)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H23IP000711-01
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	2012 PPHF grant funds sub-awarded to SouthEastern Michigan Health Association during this reporting period totaled \$200,000 and were used for the following purposes: Program Area 2: \$20,000- contract to MCIR Region 1 and funds will be used to supplement current regional budgets that fund immunization registry help desk support, trainings, user groups, and data quality initiatives including but not limited to record de-duplication and merging. Program Area 4: \$25,000- contract to MCIR Region 1 and funds will be used to supplement current regional budgets that fund immunization registry help desk support, trainings, user groups, and data quality initiatives including but not limited to record de-duplication and merging. Program Area 5: \$124,000- contract to obtain thermometers and create/disseminate education materials. 1,200 fluid filled thermometers (5000-TC data loggers) will be purchased and distributed to VFC providers throughout Michigan with the agreement that MDCH staff can conduct a follow-up survey to see how the data logger is working within the practice. Device demonstration and dissemination will occur at all eight of Michigan's Fall Regional Immunization conferences. MDCH will also create new training and educational materials to disseminate to providers regarding gold standard storage and handling equipment and vaccine management protocols. Program Area 6: \$10,000- contracted funds will be directed towards the development, printing, and distribution of provider reminder/ recall toolkits which will include recommended immunization schedules, storage and handling guidance, vaccine administration information including quick looks (one page handouts designed for healthcare personnel on administering a particular vaccine), standing orders, vaccine safety and patient educational materials, MCIR training and resources, and adolescent immunization data. The toolkit will also include templates for reminder/recall activities, such as letters to parents, telephone scripts, text messaging, and e-mail verbiage, and information handouts to answer questions from parents. Program Area 9: \$21,000- one data analyst and one data technician who are responsible for immunization registry record reconciliation, Accrunt Interactive Searches to provide current address information for individuals in the MCIR who have outdated address information, supporting MCIR data epidemiologist in measuring vaccination levels in state by SES and smaller population groups, and measuring the effect of the data cleansing activities on addresses in MCIR.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Comprehensive Planning, Budgeting, and Contracting (CPBC)- to Michigan Local Public Health Departments
2. Subaward Date:	10/01/2012
3. Subaward Number:	1H23IP000711-01
4. PPHF Funding Amount:	\$74,000.00
5. Subaward Purpose:	<p>2012 PPHF grant funds sub-awarded to Comprehensive Planning, Budget, and Contracting during this reporting period totaled \$74,000 and were used for the following purposes:</p> <p>Program Area 2: \$29,000- contract to MCIR Region 4. Funds will be as supplemental funding to current regional budgets for HL& provider recruitment and training at the MCIR regional level, in addition to current activities such as: immunization registry help desk support, face to face trainings, user groups, and data quality initiative including but now limited to record de-duplication and merging.</p> <p>Program Area 4: \$45,000- contracts to MCIR Regions 2 (\$25,000) and Region 4 (\$20,000). Funds will be as supplemental funding to current regional budgets for HL& provider recruitment and training at the MCIR regional level, in addition to current activities such as: immunization registry help desk support, face to face trainings, user groups, and data quality initiative including but now limited to record de-duplication and merging.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,456.00
8. Award Number:	1H23IP000712-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>During the months of October, November and December, the GA VFC program engaged in numerous activities since October to ensure that the objectives of this grant were met.</p> <p>October 2012</p> <p>Improve Temperature Monitoring:</p> <ul style="list-style-type: none"> - The program identified pilot providers with VFC S&H issues; VFC providers were emailed a letter regarding the S&H Program; created survey online to establish a baseline regarding temperature monitoring and S&H; identified vendors for quotes regarding the data loggers and educational materials (warning labels) <p>Improve S&H Practices</p> <ul style="list-style-type: none"> - The S&H team finalized key measures of success and strategies to improve vaccine S&H. Job aids and resources for pilot providers to improve vaccine S&H were reviewed and approved by the team. <p>Improve Cold Chain Infrastructure</p> <ul style="list-style-type: none"> - A survey was created online to establish a baseline regarding temperature monitoring and S&H. The data obtained from the survey provided information about the provider's current storage equipment. <p>November 2012</p> <p>Improve Temperature Monitoring:</p> <ul style="list-style-type: none"> - The temperature log was modified to fit the needs of the project. The report included new documentation areas such as the min/max and a section for the reviewer to sign at the end of month. <p>Improve S&H Practices</p> <ul style="list-style-type: none"> - Identified contact with GA DPH to create Learning Modules for pilot providers to take a pre/post test. After completing the modules, the pilot providers will be able to print certificates of completion. - Pilot providers were emailed a letter regarding their participation. Providers were notified that they had to participate in 1 of 4 conference calls to be introduced to the project. - Pre- and Post-test questions were identified for pilot providers. <p>Improve Cold Chain Infrastructure</p> <ul style="list-style-type: none"> - Resource packets were in the developmental stage for the pilot providers to have prior to phase 2. - Job aids that needed to be modified were submitted to Communications & Outreach. <p>December 2012</p> <p>Improve Temperature Monitoring</p> <ul style="list-style-type: none"> - Met with the Procurement Services Officer regarding the bidding process for the data loggers. The loggers must go through the State's bidding process prior to purchase. <p>Improve S&H Practices</p> <ul style="list-style-type: none"> - Identified a partnership with GA American Academy of Pediatrics to develop a S&H presentation for all VFC providers not included in the pilot. The information will ensure all providers have updated information. The temperature logs were completed and approved by the S&H team. - The development of resources for the pilot provider packet was still in progress. - Project objectives were finalized on a continuous basis to improve S&H practices. - Identified the need for a toolkit for pilot providers to use that included resources from the CDC S&H toolkit. The toolkit will include resources that will be distributed to all providers.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Alaska State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,649,101.00
8. Award Number:	1H23IP000715-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.733
11. Summary of Activities:	<p>The State of Alaska Immunization Program is participating in three program areas of this grant.</p> <p>Program Area 3 The State of Alaska Immunization Program is interested in enhancing its existing vaccine inventory tracking and ordering module located within the state's IIS. The activities include enhancing the IIS to be fully compatible with VTrckS, expanding and updating the training materials available for providers utilizing the vaccine ordering management system, and the procurement and implementation of server upgrades for increased performance and in compliance with a disaster recovery plan. Summary of activities completed:</p> <ul style="list-style-type: none"> • 54 providers have been trained to track inventory and order vaccine in ExIS • Redesigned the Vaccine Ordering Management System (VOMS) training materials and distributed to providers • Initiated specification requirement discussions with IIS vendor for enhancements of field exports for VTrcks Master Provider Data file and additional VOMS functionality <p>Program Area 5 Working with IT to order software and hardware The purpose of this project is to develop and provide vaccine storage and handling trainings and educational material to providers during site visits and webinars that focus on best practices recommend by the CDC. In addition, the project will evaluate continuous temperature monitors to be used in vaccine storage units at provider offices. Summary of activities completed:</p> <ul style="list-style-type: none"> • Completed position description for Project Coordinator position and submitted request to hire to Human Resource • Researched and purchased continuous monitoring temperature monitors • Researched alarm systems for Vaccine Depot, have completed three online webinars with different manufacturers for a demonstration of their alarm systems • Reviewed the CDC Vaccine Storage and Handling Toolkit that was made available in November <p>Program Area 8 Reviewing and updating the Vaccine Distribution Program Handbook and incorporating the CDC vaccine storage and handling recommendations The purpose of this project is to evaluate a new means of collecting vaccination and exemption coverage data using the Alaska's Immunization Information System (VacTrAK) School Nurse Module in one of Alaska's largest school districts. Summary of activities completed:</p> <ul style="list-style-type: none"> • Immunization Program met with the Anchorage School District health services management staff to discuss district wide use of VacTrAK's school nurse module. • Nine School Nurse Module (SNM) demonstration/training have been conducted • During trainings staff noted queries/concerns/discussions prompted by nurses for review for future trainings, possible enhancements to system, or for school district policy/procedures • Immunization Program staff developed an evaluation tool for the SNM training and resources provided to school district nurses

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Scientific Technologies Corporation (STC)
2. Subaward Date:	12/15/2012
3. Subaward Number:	1H23IP000715-01
4. PPHF Funding Amount:	\$830,000.00
5. Subaward Purpose:	Provide enhancements to VacTrAK's (Alaska's Immunization Information System) existing functionality to improve interoperability with VTrcks and support NDC funding source identifications. In addition, create new functions that support monitoring and quality assurance parameters for vaccine storage and handling and provider training.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Communication and Advertising to Support Seasonal Influenza Vaccination among Key Audiences at High Risk from Influenza Complications
4. Recipient Name:	Westat, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$103,081.00
8. Award Number:	200-2007-20015-0011
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Began budget tracking and delivered monthly reports. Participated in kick off meeting and weekly team meetings. Reviewed past plans and delivered timeline of deliverables. Delivered full media buy plan for CDC review on October 19, 2012. Identified partners and ways to coordinate with the existing CDC National Influenza Vaccination Campaign. Completed outreach activities for NIVW 2012 including a MyLikes campaign, Ready, Set, Grow placement, TV and Radio PSA pitching, and radio station mailings to on-air DJs. Delivered final report of NIVW activity success as part of larger CDC National Influenza Vaccination Campaign deliverable. Drafted and delivered plan for Winter/Spring 2013 activities including Heart publishing placements, matte article distribution and Google search, display and video advertising.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Promoting Childhood Immunization to Parents and Healthcare Professionals Using Communication and Social Marketing Strategies
4. Recipient Name:	Westat, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,260,287.00
8. Award Number:	200-2007-20015-0013
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The goal of this contract between the Centers for Disease Control and Prevention's (CDC's) National Center for Immunization and Respiratory Diseases (NCIRD) and Westat is to promote childhood immunization to target audiences including parents of infants and young children (younger than age 2), and child care and health professionals that serve those children. Westat is using communication and marketing strategies to support CDC in increasing parent awareness of vaccine preventable diseases, educate on the benefits of and risks of vaccines, and promote the importance of immunization. In addition, Westat is supporting NCIRD in its annual awareness campaigns addressing vaccination of infants and children.</p> <p>Activities that have occurred during the reporting period include:</p> <ul style="list-style-type: none"> • Strategic Planning: Westat held an in-person Strategic Planning and Orientation meeting to discuss the Childhood Immunization Team's Communication Plan, childhood immunization recommendations, and overall strategy for increasing awareness of childhood vaccination. The Westat team also reviewed background data on pertussis and the recent Advisory Committee on Immunization Practices (ACIP) recommendation that pregnant women receive a pertussis immunization (Tdap). • Environmental Scan: Westat completed a brief environmental scan, focusing on immunization and pregnant women. In addition, we developed preliminary recommendations for the pilot project, including site selection criteria and possible evaluation strategies. • PSA Placement Strategy: Westat developed a draft plan detailing the recommendations for placements of existing CDC television, radio and print public service announcements (PSAs) for 2013- including recommendations for digital media.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HMA Associates, Inc
2. Subaward Date:	09/08/2012
3. Subaward Number:	200-2007-20015-0013
4. PPHF Funding Amount:	\$538,962.00
5. Subaward Purpose:	HMA's subcontract funds will be used to support Westat in providing communication and marketing support to the CDC's NCIRD Team. HMA is specifically focused on providing expert guidance for reaching the hard-to-reach US Hispanic and Latin American Audiences. HMA will provide expertise in media outreach strategies and risk communication approaches to promoting childhood immunization to parents of children under the age of 2. Additionally, HMA will guide the development of campaign materials targeted to Hispanic parents, caregivers, and health professionals that serve Hispanic children and infants.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Promoting Adolescent Immunization to Parents, Preteens and Teens and Healthcare Providers Using Health Communication and Social Marketing Strategies
4. Recipient Name:	Oak Ridge Associated Universities, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,234,460.00
8. Award Number:	200-2007-20031-0001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	ORAU team met with NCIRD via teleconference on Sept. 20, 2012 -Submitted Campaign Plan to CDC on 10/9. - Submitted project mgmt. plan on 11/5 -Participated in in-person meeting on 11/13 to review Campaign Plan, Partnership Plan and Paid and Earned Media Plans. Finalized and submitted protocol to CDC/NCIRD for approval - Submitted protocol and application. -Began placing contracts for venues and audio/visual support. -Drafted management plan and timeline -Researched information for development of protocol for parents of boys ages 9-13 -Drafted plan for long-lead print ads -Print media plan completed and submitted -Negotiated editorial opportunities -Drafted plan for PSA placement -Digital media plan submitted to CDC/NCIRD -Digital media plan revised to incorporate CDC/NCIRD feedback -Researched YouTube cost per view and CDC YouTube Channel link -Negotiated placements on Epocrates Doc Alerts and Medscape -Researched survey mechanism at WebMD -Submitted draft media relations plan on 11/5 -Submitted revised joint earned and paid media plan on 12/19 -Submitted draft earned media work plan, including outreach tactics to support distribution on 12/19. -Researched and identified target dates for matte articles for Healthcare Providers placement. -Met with NCIRD on Sept. 26 and Oct. 9 to determine cancer connection objectives and to determine strategy. -Completed draft work plan and schedule as part of NCIRD -Contacted AAFP to discuss CME process and requirements for AAFP scientific assembly proposal application and developed application and to inquire about availability of exhibit application and rate card for promotional opportunities for 2013. -Researched various HPV expert presentations -ORAU team met with NCIRD in Atlanta for Toolkit and Speakers' Bureau planning meeting on 12/6 -Collected materials for the toolkit and content for slideshow. -Met with NCIRD in Atlanta for Toolkit and Speakers' Bureau planning meeting on 12/6 -Developed introduction letter and telephone script for screening speakers' bureau participants. -Translated information sheet and returned to NCIRD on 12/20. -Submitted draft partnerships outreach plan on 12/19. -Submitted value proposition document to assess the benefits of partnering with NCIRD on 12/14. -Submitted materials for NCIRD review on 12/28 -Researched partners and contacts

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mediassociates, Inc.
2. Subaward Date:	9/18/2012
3. Subaward Number:	200-2007-20031-0001
4. PPHF Funding Amount:	\$26,205.00
5. Subaward Purpose:	Provide digital media plan and buys for targeted audiences: clinicians, parents of teens and preteens, and preteens/teens.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mediassociates, Inc.
2. Subaward Date:	12/26/2012
3. Subaward Number:	200-2007-20031-0001
4. PPHF Funding Amount:	\$423,962.20
5. Subaward Purpose:	Provide digital media plan and buys for targeted audiences: clinicians, parents of teens and preteens, and preteens/teens.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Booz Allen Hamilton
2. Subaward Date:	9/20/2012
3. Subaward Number:	200-2007-20031-0001
4. PPHF Funding Amount:	\$157,155.14
5. Subaward Purpose:	Provide media development, digital media, and process evaluation/media monitoring of campaign product placement

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Translation Plus (d/b/a CQ Fluency)
2. Subaward Date:	12/18/2012
3. Subaward Number:	200-2007-20031-0001
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	Provide translation services

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Technical Assistance Management of NCIRD-funded Grants Support for the Education, Information, and Partnership Branch, ISD, NCIRD
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$404,426.76
8. Award Number:	200-2009-28537-0054-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Immunization Services Division (ISD) mission is to protect individuals and communities from vaccine-preventable diseases through provision of federal funds and contracts to purchase vaccine, the provision of technical and financial support of immunization programs, provider and public education, and evaluation and research. The cost of vaccinating children has been increasing with the addition of new vaccines and expanded recommendations for existing vaccines. Vaccinating a fully insured child but not billing for vaccine and vaccination services incurs a cost to the government that could be avoided if the insurance plan could be billed for the services. However, setting up billing relations with health care plans requires careful planning with key stakeholders that include state and local health departments, insurance plans, and private providers. The National Vaccine Advisory Committee (NVAC) recently recommended that "states and localities develop mechanisms for billing insured children and adolescents served in the public sector. NVAC also recommended that CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms.</p> <p>The Education Information and Partnership Branch (EIPB) provide specific technical assistance related to training, education, communications, and partnerships. The objective of this task order is to provide assistance and technical support in managing EIPB/ISD/NCIRD supported grants and cooperative agreements. Assistance provided includes the provision of technical assistance, scientific, operational, analytical and decision support, necessary to support the EIPB/ISD/NCIRD funded grants and cooperative agreements that focus on billing for vaccine services and technical assistance to nurses, health departments, and medical residents.</p> <p>Specifically this task order supports EIPB grants for Innovative Projects to Improve Reimbursement in Public Health Department Clinics and Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance. Assistance is provided to state grantees in conducting planning activities to develop the ability/capacity to bill for immunization services and to assist with activities related to cooperative agreements funded for implementation of developed plans to bill for immunization services conducted within the local health department clinics.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Administrative, Operational, and Evaluation assistance to ACA Grantees to support Electronic Health Record (EHR)
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$415,985.68
8. Award Number:	200-2009-28537-0055-00002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of this task order is to provide technical assistance, including project management, operational and evaluation activities dealing with the support of Grantee Immunization Information systems (IIS), other local applications and CDC tools such as Vaccine Tracking System (VTrckS). Support and technical assistance is provided to states and other federal partners in operationalizing these communication linkages to aid in the evaluation of doses administered and in projecting program needs. IIS help to maximize protection against vaccine-preventable diseases by providing accurate population-based data on which to make informed immunization decisions. The NCIRD program objective for IIS is to increase to 95 percent the proportion of children under the age of 6 that are enrolled in a fully operational IIS with 2 or more immunizations recorded.</p> <p>The Vaccine Tracking System (VTrckS), is an information technology system that integrates the entire vaccine supply chain from purchasing and ordering to distribution of the vaccine. VTrckS allows health care providers to input their vaccine requests (orders) directly online thereby improving efficiency and accountability of public dollars. The system evaluates vaccine orders against specific guidelines set by grantees (i.e., state, local, and territorial health departments) and the Centers for Disease Control and Prevention. External Information Systems (EXIS) are used in the VTrckS to improve efficiency. Facilitating timely vaccine ordering, inventory control of IIS systems (which is a type of an EXIS) with the CDC VTrckS system involves the successful execution of multiple components of an overall supply chain strategy. Effective IIS systems will enable providers to continue to use their own ordering system for order placement, documenting inventory and order tracking. Efficient online ordering for provider and grantee systems is most effective when connected to the federal vaccine ordering system VTrckS through an electronic interface. Activities under this task order support the use and interoperability of these systems. Support services also are provided to help monitor grantee performance on interopeability grants which are designed to improve connections between Electronic Medical Records (EMR) and IIS systems.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Diagnostic Technical Assistance to MMRHLB
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$86,323.08
8. Award Number:	200-2009-28537-0070-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Measles Mumps Rubella and Herpes Virus Laboratory Branch (MMRHLB) is a World Health Organization (WHO) Global Reference Laboratory and Strain Bank. The Measles Virus Team and Rubella Teams support virologic surveillance activities performed by state and local laboratories in the United States, and the laboratory networks of the WHO and Pan American Health Organization (PAHO). These activities require detection of measles and rubella virus in clinical specimens, isolation of measles and rubella virus in cell culture, amplification of measles and rubella sequences using reverse-transcriptase polymerase chain reactions (RT-PCR) and phylogenetic analysis of measles and rubella sequences to determine the genotype. Specimens are submitted to the laboratory for initial genotyping or for confirmation. The MMRHLB conducts research to improve the completeness of virologic surveillance. MMRHLB staff participates in numerous training activities, mostly in collaboration with WHO and PAHO.</p> <p>This task order provides for on-site technical assistance and management support functions to satisfy the overall operational objectives of the MMRHLB. Our staff carry out a variety of activities to help assure the accomplishment of these operational objectives including: contributing to molecular epidemiologic, molecular diagnostic and laboratory training activities in the MMRHLB, performing specialized tests on specimens submitted to the laboratory and assisting with reporting, training and research projects, providing technical support, reagent preparation, tissue culture, assay troubleshooting, training support, shipping and reagent distribution as well as providing molecular diagnostic and surveillance support (measles, mumps, rubella, and varicella), surge capacity during outbreaks and confirmation of vaccine adverse events.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Technical Assistance Management of NCIRD funded grants Support for the EIPB, ISD, NCIRD
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$147,878.96
8. Award Number:	200-2009-28537-0072
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Immunization Services Division (ISD) mission is to protect individuals and communities from vaccine-preventable diseases through provision of federal funds and contracts to purchase vaccine, the provision of technical and financial support of immunization programs, provider and public education, and evaluation and research. The cost of vaccinating children has been increasing with the addition of new vaccines and expanded recommendations for existing vaccines. Vaccinating a fully insured child but not billing for vaccine and vaccination services incurs a cost to the government that could be avoided if the insurance plan could be billed for the services. However, setting up billing relations with health care plans requires careful planning with key stakeholders that include state and local health departments, insurance plans, and private providers. The National Vaccine Advisory Committee (NVAC) recently recommended that "states and localities develop mechanisms for billing insured children and adolescents served in the public sector. NVAC also recommended that CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms.</p> <p>The Education Information and Partnership Branch (EIPB) provide specific technical assistance related to training, education, communications, and partnerships. The objective of this task order is to provide assistance and technical support in managing EIPB/ISD/NCIRD supported grants and cooperative agreements. Assistance provided includes the provision of technical assistance, scientific, operational, analytical and decision support, necessary to support the EIPB/ISD/NCIRD funded grants and cooperative agreements that focus on billing for vaccine services and technical assistance to nurses, health departments, and medical residents.</p> <p>Specifically this task order supports EIPB grants for Innovative Projects to Improve Reimbursement in Public Health Department Clinics and Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance. Assistance is provided to state grantees in conducting planning activities to develop the ability/capacity to bill for immunization services and to assist with activities related to cooperative agreements funded for implementation of developed plans to bill for immunization services conducted within the local health department clinics.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Administrative, Operational, and Evaluation assistance to PPHF Grantees to support Electronic Health Record (EHR) - Immunization Information Systems (IIS) interoperability, IIS integration with CDC Vaccine Tracking System (VTrckS), and Vaccine Eligibility and barcode improvement support
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$556,355.44
8. Award Number:	200-2009-28537-0077
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of this task order is to provide technical assistance support and services, including project management, operational and evaluation activities dealing with the support of Grantee Immunization Information systems (IIS), other local applications and CDC tools such as Vaccine Tracking System (VTrckS). Support and technical assistance is provided to states and other federal partners in operationalizing these communication linkages to aid in the evaluation of doses administered and in projecting program needs. IIS help to maximize protection against vaccine-preventable diseases by providing accurate population-based data on which to make informed immunization decisions. The NCIRD program objective for IIS is to increase to 95 percent the proportion of children under the age of 6 that are enrolled in a fully operational IIS with 2 or more immunizations recorded.</p> <p>The Vaccine Tracking System (VTrckS), is an information technology system that integrates the entire vaccine supply chain from purchasing and ordering to distribution of the vaccine. VTrckS allows health care providers to input their vaccine requests (orders) directly online thereby improving efficiency and accountability of public dollars. The system evaluates vaccine orders against specific guidelines set by grantees (i.e., state, local, and territorial health departments) and the Centers for Disease Control and Prevention. External Information Systems (EXIS) are used in the VTrckS to improve efficiency. Facilitating timely vaccine ordering, inventory control of IIS systems (which is a type of an EXIS) with the CDC VTrckS system involves the successful execution of multiple components of an overall supply chain strategy. Effective IIS systems will enable providers to continue to use their own ordering system for order placement, documenting inventory and order tracking. Efficient online ordering for provider and grantee systems is most effective when connected to the federal vaccine ordering system VTrckS through an electronic interface. Modernization efforts are underway to improve vaccine tracking with the implementation of 2 Dimensional barcodes. IIS system will need to be able to support this technology from both a functional level and interface level. Modernization of these systems will help improve the capture of key fields such as lot number, expiration date, product identification and Vaccine Information Statement. Support services also are provided to help monitor grantee performance on interoperability grants which are designed to improve connections between Electronic Medical Records (EMR) and IIS systems. Activities under this task order support the use and interoperability of these systems.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Implementation of best practices for monitoring vaccination coverage and exemptions among Kindergarteners
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$240,790.00
8. Award Number:	200-2009-28537-0078
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The Assessment Branch (AB), Immunization Services Division (ISD) of the NCIRD/CDC monitors vaccination coverage in state and U.S.-affiliated jurisdictions for children, children enrolled in kindergarten, adolescents and adults. The AB provides scientific leadership on measurement of vaccination coverage across the lifespan, collects, analyzes and disseminates vaccination data, and promotes the use of this information for evaluation of immunization programs at the national, state and local levels. This task order provides technical and analytical assistance for the Assessment Branch in CDC's Immunization Services Division (ISD), for conducting evaluations and analytical studies evaluating "Best Practices" used by grantees. Our staff has been assisting CDC staff with conducting and evaluating the implementation of "Best Practices" selected by state and local grantees. Given the early stages of this project, the primary focus has been on evaluating the effectiveness of four training webinars on how to conduct school assessment surveys. In addition, as part of this task order our staff will assist CDC staff by conducting statistical analysis of data from evaluating the implementation of "best practices" selected by state and local area grantees.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Project Mgt internal support contract
4. Recipient Name:	Cadence Group Associates
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$426,082.08
8. Award Number:	200-2010-37202-0002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This Task Order contract supports NCIRD's American Reinvestment and Recovery Act (ARRA) and Prevention and Public Health Fund (PPHF) project management and tracking system. NCIRD received over \$180 million dollars to support vaccine purchase and over 70 PPHF immunization related projects. The system uses Microsoft Project Server and custom configured Microsoft Excel and Microsoft Project forms to collect project completion indicators, track progress, display outcomes, and identify project specific issues. Specific activities include but are not limited to:</p> <ul style="list-style-type: none"> • Maintaining the project management office (PMO) component; • Designing, implementing, and analyzing systems for Recovery Act 317-related (ARRA 317) and Prevention and Public Health Funds (PPHF) project management; • Designing and developing data systems and analysis plans for the collection, management, and analysis of immunization related data; and • Assisting in the development of project management data analysis protocols, procedures, and guidelines. <p>In the six months covered by this report, the emphasis has been on maintaining the current Microsoft project reporting system while concurrently migrating the tracking system to MS Project 2010 and to new CDC servers as well as developing tracking reporting and mechanisms for the ~70 newly funding PPHF projects we are tasked with tracking.</p> <p>Central to the activity are weekly conference calls with the project COR, SME and others. These "status check" calls ensure our implementation and reporting efforts are on schedule. Project specific activities over the last 6 months also included:</p> <ul style="list-style-type: none"> • Monthly QA of project officer data entry into the system; • Monthly creation of data snapshots and dashboards for the CDC Project leads to review, including activities by project and completion status; • Weekly creation of NCIRD activity dashboards which supplement the project/activity specific dashboards; • Continuous training of new staff and project officers including ongoing technical support for current users; • Migration of the system to MS Project 2010 along with migration of the system to new CDC servers including development of PPHF 2012 Requirements/Reports; • Ensuring the system continually complies with all CDC Unified Process requirements including all CDC information security requirements and EPLC documentation requirements; • Maintenance of all system documentation; • Generating ad hoc reports as necessary including any necessary to support NCIRD/CDC management's decision making activities

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Information Management Services for National Center for Emerging and Zoonotic Infectious Disease (NCEZID)
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$39,000.00
8. Award Number:	200-2010-37217-0002-00012
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide informatics services and systems support for the National Center for Emerging and Zoonotic Infectious Diseases. No PPHF scope was identified in the contract.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Support for CDC's Electronic Communication Activities
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,407,300.00
8. Award Number:	200-2010-37217-0007-00008
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provided IT and communications support to the National Center for Immunization and Respiratory Diseases. Includes website design, development, and project coordination; web writing and social media support; and support for immunization campaigns and ongoing health communications activities.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Outstanding Outcomes, Inc.
2. Subaward Date:	09/07/2012
3. Subaward Number:	200-2010-37217-0007-00008
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	Provided support in creating and executing public health promotion campaigns, messaging, and evaluation. Includes strategy and planning, research, and website content development.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Support for Immunization Forecast, Evaluation, and Technical Resources
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$258,160.00
8. Award Number:	200-2010-37217-0020
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The award is for providing technical support and maintenance to NCIRD and the immunization community. Activities completed this reporting period consist of providing technical support, maintenance, and further development of the methodologies and resources used in the CDC's immunization forecast and evaluation specifications and in the immunization community.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Immunization Information System – Trends in Immunization Practices Systems (IIS-TIPS) Development, Testing and Maintenance
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$421,571.00
8. Award Number:	200-2010-37217-0021
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The award is for providing development, testing, maintenance and data analysis support for the Trends in Immunization Practices System (TIPS.) Activities completed this reporting period consist of providing development, testing, and maintenance of the TIPS system. Additional work performed included data analysis of immunization data and project planning.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Information Management Services for CDC/NCIRD
4. Recipient Name:	Science Applications International Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$120,000.00
8. Award Number:	200-2010-37219-0003-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The activities under this contract support the informatics needs of NCIRD. More specifically our staff has developed and deployed a new version of the CoCASA application, maintained the VACMAN software and provided user support for the application, created data analysis tools to assist the Influenza Division with their analytic needs, and developed and deployed over 10 Microsoft ShareaPoint sites.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Adverse Events Reporting Systems
4. Recipient Name:	SRA International, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$425,000.00
8. Award Number:	200-2010-37222-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Activities utilizing PPHF funding and conducted during the reporting period focused on (1) data gathering/requirements development and initial system/database enhancements associated with modifying the VAERS system to receive electronic manufacturer reports per the new regulatory statute, the Electronic Suspected Adverse Drug Reaction (eSADR); (2) development of wireframes and initial requirements for the revised web-based electronic reporting form (eSub); (3) development of a draft prototype for the writable PDF version of the VAERS reporting form; and (4) retention of staff in support of the increase in reports received during the flu season.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,220,642.77
8. Award Number:	200-2011-39588-00009
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Supply of Adult Vaccines - Havrix, Boostrix, Twinrix, Engerix B & Cervarix

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Merck Sharp & Dohme Corp.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,999,764.00
8. Award Number:	200-2011-39589
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The overall purpose of the PPHF Funds received by Merck is to provide the CDC Project Grantees vaccines for their respective Immunization Programs. Amount Invoiced for reporting period January - June 2012: \$2,750,583.38. CDC provides Merck with the PPHF Funded Purchase Orders. *Please note that Merck does not use any CDC Contracted/Awarded Funds to pay Subaward recipients.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

Recipients awarded a contract with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$45,636.08
8. Award Number:	200-2011-39590-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward critical public health missions in disease prevention and achieving the full immunization goals articulated in Healthy People 2020 and elsewhere

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Effectiveness of transplacental antibodies in preventing pertussis/MCV VE and duration of protection, meningococcal VE and other VDs
4. Recipient Name:	P3S Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$90,000.00
8. Award Number:	200-2011-39739-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>P3S Corporation provided scientific and technical services to CDC and grantees in management, collection, evaluation, and analysis of data. Communicated with grantees to ensure successful progress in enrolling cases and controls in the vaccine effectiveness analysis and meeting milestones. Provided management support to ensure laboratory confirmation of eligible cases. Participated in activities related to evaluating vaccine effectiveness, including investigation of outbreaks of meningococcal disease.</p> <p>P3S provided the following support for Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Evaluation of Meningococcal Conjugate and Emerging Infections Program (EIP) Evaluation of Meningococcal Conjugate Vaccine:</p> <ul style="list-style-type: none"> • Provided epidemiology support including project management, data entry and analysis. Coordinates laboratory and epidemiology data. • Provided data management support including laboratory and epidemiologic data management and database development using SAS 9.2 and Microsoft Access software. • Coordinated conference calls with grantees, grantee reporting, and served as the liaison between CDC and grantees. • Ensured grantees are effectively identifying and serogrouping all meningococcal cases and transferring isolates to CDC, implementing the protocol for the vaccine effectiveness evaluation, transmitting data to CDC, and completing case investigations for all cases of meningococcal disease. • Participated in investigations into meningococcal vaccine effectiveness.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Pertussis and Meningococcal Vaccine Evaluation
4. Recipient Name:	P3S Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$179,704.32
8. Award Number:	200-2011-39747-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>P3S supported the Meningitis and Vaccine Preventable Diseases (MVPD) Branch with an emphasis on evaluations of pertussis and meningococcal vaccines. The MVPD Branch conducts a wide range of surveillance, epidemiologic and laboratory research activities to assess risk for disease and evaluate and promote prevention and control strategies. P3S provided scientific and technical support services to CDC and grantees on three projects. P3S supported the design, development and implementation of laboratory methods and activities to improve the identification of pertussis cases to be enrolled in vaccine evaluations and to improve B. pertussis and N. meningitis detection.</p> <p>Project 1 - Surveillance and Data Management Support: (1) Assisted with the development of project materials including data collection forms, protocols, instruction manuals, and data dictionaries; (2) Maintained project data and ensures high data quality standards; (3) Provided technical guidance to project site personnel; (4) Coordinated communications between internal and external partners, including organizing and participating in monthly conference calls; (5) Organized and conducted site visits to participating project sites as needed; (6) Developed and implemented project data management systems.</p> <p>Project 2 - Scientific and Laboratory Support Pertussis and Diphtheria Laboratory: (1) In coordination with POL, CDC and external partners, designed, developed and maintained standard operating procedures for consolidated DNA sequencing and molecular typing project activities; (2) Developed technical protocols for the use of molecular methods for typing B. pertussis routinely received as part of the domestic pertussis surveillance and International studies; (3) Performed technical assistance for the use of culture, real-time PCR and serologic methods for laboratory diagnosis of pertussis.</p> <p>Project 3 -Scientific and Laboratory Support Meningitis Laboratory: (1) In coordination with the Meningitis Laboratory, CDC and external partners, designed, developed and maintained standard operating procedures for molecular typing project activities; (2) Assisted in training activities for the use of serogrouping and molecular methods for typing N. meningitis; (3) Performed technical assistance for the use of culture, real-time PCR and molecular typing for confirming cases of meningococcal disease.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Investigation Bacterial Respiratory
4. Recipient Name:	P3S Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$933,000.00
8. Award Number:	200-2011-41136-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Scope: P3S Corporation provides scientific and technical support services to CDC and collaborators in management, collection, evaluation, and analysis of microbiological specimens to support program objectives which are: Use laboratory methods to: (1) Identify trends, etiologies, and strain characteristics for bacterial respiratory infections including resistant infections, and (2) Develop and evaluate new assays for diagnosis and characterization of pathogens causing respiratory diseases.</p> <p>P3S Corporation also evaluates specimens that may come to CDC through routine surveillance programs or projects, requests from public health partners, or as part of outbreak investigations. Performs basic microbiological evaluation such as isolation, identification, serotyping, and antimicrobial susceptibility testing of isolates. Conducts molecular assays such as genotyping and PCR are employed to evaluate specimens and isolate as well as develop and evaluate new diagnostic techniques. In addition, P3S Corporation provides administrative services to support these programs.</p> <p>Technical Requirements: Specific tasks include - (1) Tracks trends, etiologies, and strain characteristics for bacterial respiratory infections including resistant infections; and (2) Develops and evaluates new assays for diagnosis and characterization of pathogens causing respiratory diseases.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$5,939,967.00
8. Award Number:	200-2012-50132-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of Pediatric vaccines - Havirix, Enderix B, Infanrix, Pediarix, Cervarix, Boostrix, Twinrix, Rotarix Kinrix doses

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine for Children
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,274,611.00
8. Award Number:	200-2012-50132-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of Pediatric vaccines - Havirix, Engerix B, Infanrix, Pediarix, Cervarix, Boostrix, Twinrix, Rotarix Kinrix doses

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Merck Sharp & Dohme Corp.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$19,773,518.00
8. Award Number:	200-2012-50133
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The overall purpose of the PPHF Funds received by Merck is to provide the CDC Project Grantees vaccines for their respective Immunization Programs. Amount Invoiced for reporting period July - December 2012: \$8,723,858.38. Amount Invoiced (Cumulative January- December 2012): \$18,489,562.28. *Please note that Merck does not use any CDC Contracted/Awarded Funds to pay Subaward recipients.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Pfizer Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$8,386,013.00
8. Award Number:	200-2012-50135-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of pneumococcal conjugate vaccine Prevnar 13 for use in the Vaccines for Children Program

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine for Children
4. Recipient Name:	Pfizer Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,777,563.00
8. Award Number:	200-2012-50135-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of pneumococcal conjugate vaccine Prevnar 13 for use in the Vaccines for Children Program

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,995,974.00
8. Award Number:	200-2012-50136-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide vaccines for CDC's Vaccine For Children (VFC) Program.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine for Children
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$6,228,978.00
8. Award Number:	200-2012-50136-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide vaccines for CDC's Vaccine For Children (VFC) Program

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine for Children
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$5,307,534.00
8. Award Number:	200-2012-50136-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide vaccines for CDC's Vaccine for Children (VFC) Program

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$952,473.09
8. Award Number:	200-2012-50137-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward critical public health needs including disease prevention and progress toward full immunization goals articulated in Healthy People 2020 and elsewhere

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine for Children
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$192,407.00
8. Award Number:	200-2012-50137-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward achieving critical public health missions of disease prevention and full immunization goals articulated in health people 2020 and elsewhere.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,897,052.87
8. Award Number:	200-2012-50286
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide Influenza vaccines for CDC's Vaccine For Children program.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	MedImmune
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,065,600.00
8. Award Number:	200-2012-50287-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Shipped 4,676,730 FluMist doses between 7/1/12-12/31/12 (PPHF funding applied to 246,400 doses under purchase documents 4000204543 and 4000204544).

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$263,995.00
8. Award Number:	200-2012-50288-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of Pediatric Flu vaccines - Fluarix

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$292,582.50
8. Award Number:	200-2012-50289-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward critical public health missions in disease prevention and achieving the full immunization goals articulated in Healthy People 2020 and elsewhere.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,597,295.50
8. Award Number:	200-2012-50316-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Purchase of influenza vaccines - Fluarix and FluLaval

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Merck Sharp & Dohme Corp.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$370,840.70
8. Award Number:	200-2012-50318-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The overall purpose of the PPHF Funds received by Merck is to provide the CDC Project Grantees vaccines for their respective Immunization Programs. Amount Invoiced for reporting period July - December 2012: \$370,815.10. Amount Invoiced (Cumulative January - December 2012): \$370,815.10.</p> <p>*Please note that Merck does not use any CDC Contracted/Awarded Funds to pay Subaward recipients.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$709,202.50
8. Award Number:	200-2012-50319-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward critical public health missions in disease prevention and achieving the full immunization goals articulated in Healthy People 2020 and elsewhere

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Vaccine Purchase Contracts
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,648,354.28
8. Award Number:	200-2012-50320
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide Influenza vaccine for CDC's immunization grantees adult immunization programs.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Immunization Information Systems (IIS) to Assess Vaccination Coverage Methods
4. Recipient Name:	National Opinion Research Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,410,064.00
8. Award Number:	200-2012-51130-0005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>This report covers the PPHF Funded IIS Sample Frame Project (Item 0006 of Task Order 5). The goal of this project is to evaluate the feasibility of using the state based Immunization Information Systems (IIS, also known as Immunization Registries) as a sampling frame for the National Immunization Survey (NIS). The evaluation will be based on data collection in Minnesota, Nevada, Oregon, Washington, and Wisconsin. The data collection will include drawing a sample from the IIS in each of the states above, conducting the NIS-Child household interview and the NIS-Child Provider Record Check. NORC will produce a final report that discusses the advantages and disadvantages of the IIS as a sample frame including operational and cost considerations. The report will also outline a potential implementation plan and identify measures that could be used to determine when an IIS is viable to be used as a sample frame.</p> <p>The contract was awarded in September 2012. NORC and the CDC began meeting weekly on October 31, 2012. During the period covered by this report, NORC has submitted the following deliverables for CDC review: #2: draft modified survey instrument, #4: draft modified consent form to contact providers and state/local IIS, and #9: draft analysis plan. NORC also contacted each of the states included in the Sample Frame project to collect and document each state's requirements for human subjects protections review. This information will be used to guide NORC's protocol and to inform NORC's and NCHS' human subjects review.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Precision Opinion
2. Subaward Date:	09/24/2012
3. Subaward Number:	200-2012-51130-0005
4. PPHF Funding Amount:	\$43,605.00
5. Subaward Purpose:	Precision Opinion has not performed any activities during the reporting period. They will serve as a data collection sub-contractor when data collection begins. Data collection is currently planned to start in March 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,209,799.00
8. Award Number:	200-2012-51346
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Supply of Adult Vaccines - Havrix, Boostrix, Twinrix, Engerix B & Cervarix

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	GlaxoSmithKline, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$5,691,732.00
8. Award Number:	200-2012-51346-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Supply of Adult Vaccines - Havrix, Boostrix, Twinrix, Engerix B & Cervarix

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	Sanofi Pasteur, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,100,957.84
8. Award Number:	200-2012-51347
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide vaccines for CDC's immunization grantees adult immunization programs.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$401,703.00
8. Award Number:	200-2012-51348
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward critical public health missions including disease prevention and progress toward full immunization goals articulated in Healthy People 2020 and elsewhere

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	Novartis Vaccines and Diagnostics, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,336,088.00
8. Award Number:	200-2012-51348-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Funding delivered vaccines enabling progress toward achieving critical public health missions of disease prevention and full immunization goals articulated in health people 2020 and elsewhere.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Adult Vaccines
4. Recipient Name:	Merck Sharp & Dohme Corp.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$9,309,366.00
8. Award Number:	200-2012-51349
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The overall purpose of the PPHF Funds received by Merck is to provide the CDC Project Grantees vaccines for their respective Immunization Programs. *Please note that Merck does not use any CDC Contracted/Awarded Funds to pay Subaward recipients.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Comp IT Roadmap Contract
4. Recipient Name:	Intellix Solutions, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,326,103.18
8. Award Number:	200-2012-52486
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>High level description of the award:</p> <p>Intellix Solutions LLC (Intellix), a health care technology services provider, has partnered with IT research and advisory company Gartner, to work with the CDC to:</p> <ol style="list-style-type: none"> 1. Assess the vaccine supply chain management system (VTrckS) architecture and costs 2. Develop a Strategic Plan for improving the effectiveness of Immunization Information Systems (IIS, or immunization registries) 3. Analyze the value of establishing an immunization-centric certification process for EHR/EMRs 4. Support the operation of an advisory body to maintain the IIS Strategy and validate proposed investments in IIS initiatives. <p>Activities during reporting period:</p> <p>Obtained network and facility access for project staff required to be on-site. Completed project kickoff presentation and several data collection and discovery sessions with CDC staff. Refined, confirmed and documented project requirements for all project work products and deliverables. Collected data to support development of VTrckS Current State Cost /Benefit and Benchmark Analysis work products. Delivered final Immunization-Centric EHR/EMR Certification Feasibility Study Project Plan deliverable. Planned tasks to complete a Blue Ribbon Panel to support IIS Strategy development and planning for an advisory body to maintain and execute the strategy. Planned and conducted initial IIS Strategy Stakeholder interviews. Created a draft master project schedule and Project Management Plan.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gartner, Inc.
2. Subaward Date:	09/28/2012
3. Subaward Number:	200-2012-52486
4. PPHF Funding Amount:	\$1,485,875.10
5. Subaward Purpose:	<p>Summary of how funds were used by the sub-recipient during the reporting period:</p> <p>Gartner provided key personnel to assist in the planning and execution of all project activities. Gartner staff assisted Intellix in:</p> <ul style="list-style-type: none"> Facilitating meetings with CDC staff; Drafting project management artifacts; Preparing final deliverables and; Offering strategic recommendations related to project goals and objectives.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Comp IT Roadmap Contract
4. Recipient Name:	Intellix Solutions, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$672,880.00
8. Award Number:	200-2012-52486-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>High level description of the award: CDC requires Gartner benchmark data in support of two work products, Current State Cost Analysis and Benchmark Analysis, including support of the "alternative analysis and cost benefit analysis to examine the return on this investment" as clarified in e-mail from Intellix to CDC September 11, 2012. The fixed price benchmark data products required to support the above requirements are an IT Budget Estimate, a Cost Benchmark and a Price Benchmark. Intellix has partnered with Gartner to use this proprietary data to address the relevant VTrckS Evaluation requirements.</p> <p>Activities during reporting period: Obtained network and facility access for project staff required to be on-site. Completed project kickoff presentation and several data collection and discovery sessions with CDC staff. Refined, confirmed and documented project requirements for all project work products and deliverables. Collected data to support development of VTrckS Current State Cost /Benefit and Benchmark Analysis work products. Created a draft master project schedule and Project Management Plan.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gartner, Inc.
2. Subaward Date:	09/28/2012
3. Subaward Number:	200-2012-52486-00001
4. PPHF Funding Amount:	\$647,000.00
5. Subaward Purpose:	<p>Summary of how funds were used by the sub-recipient during the reporting period: Gartner provided key personnel in the planning and execution of all VTrckS Evaluation project activities requiring the use of Gartner benchmark data for analysis and evaluation purposes. Gartner staff facilitated meetings with CDC staff, drafted project management artifacts, prepared draft work products and guided CDC staff in the collection of relevant financial and system environment data required for analysis.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Genotyping Equipment
4. Recipient Name:	Fluidigm Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$293,051.00
8. Award Number:	200-2012-52795
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>CDC is receiving funding from the Prevention and Public Health Fund (PPHF) and has identified specific projects that relate to this funding. The broadly defined needs of CDC as they relate to prevention and immunization programs include activities such as: 1) accurate case identification; 2) advanced laboratory testing includes confirmation and relatedness; and, 3) testing to evaluate the changing epidemiology of disease for a number of vaccine-preventable diseases. The purpose of this funding announcement is to acquire a Fluidigm BioMark HD MX/WX instrument to support rotavirus surveillance studies funded with Prevention and Public Health Fund (PPHF) money.</p> <p>The demand for domestic rotavirus surveillance testing and vaccine strain screening by CDC has been increasing annually since the introduction of rotavirus vaccination in 2006, rising from 655 specimens in 2006 to 1067 in 2011 (>60% increase). Currently laboratory analysis of vaccine strains from RGE cases is performed by using a combination of individual real-time PCR assays performed after standard rotavirus genotyping has been completed. This two-step process is costly and labor-intensive. A more efficient, integrated assay that performs complete rotavirus genotyping and identification of vaccine strains in one step would increase sample testing throughput, reduce labor costs, and speed up surveillance data acquisition. We propose to develop a dynamic array integrated fluidic circuit assay using the Fluidigm BioMark HD MX/WX instrument which incorporates real-time PCR assays for both wild-type rotavirus A genotypes and vaccine strains. This system offers the advantages of: A) greater efficiency and increased sample testing throughput since it will convert the current two-step, labor-intensive process to a single step process; B) reusable chips to reduce laboratory testing costs; and C) fully user-customizable chips which simplify assay development and allow for easy and rapid assay reconfiguration and modification.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Rotavirus Surveillance and Molecular Team Support
4. Recipient Name:	McNeal Professional Services, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$252,121.60
8. Award Number:	200-2012-53342
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Rotavirus Surveillance and Molecular Team Support - Microbiologist III and Lab Technician IV

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Prevalence Capacity Support
4. Recipient Name:	IHRC, Incorporated
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$75,132.00
8. Award Number:	200-2012-53371
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The Lab Technologist activities under CLIN 0002, PH Prevalence Capacity Support-PPHF Funds, began just this last December. The Lab Technologist's activities in support of enhanced prevalence capacity included coordinating and organizing reference and interactive materials for the CDC's Division of Parasitic Diseases and Malaria (DPDM) reference centers training that started December 3rd. This training is inclusive of the Pertussis and Diphtheria laboratory, meningitis laboratory, and the Streptococcus laboratory. Preparation for this training included identifying and assembling all standard operating procedures, power point presentations, and assay worksheets. Additional training support activities included reserving conference rooms, scheduling activities for the trainees, and preparing curriculum. The Lab Technologist completed serology training and passed competency testing for the Anti-PT ELISA. She also assisted in aliquoting and qualifying reagents for NHANES (the National Health and Nutrition Examination Survey.) At the end of this reporting period she is in the process of validating a test panel for the real-time PCR assay for the public health laboratory in Wisconsin.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Effectiveness of Transplacental Antibodies in Preventing Pertussi Capacity Support
4. Recipient Name:	IHRC, Incorporated
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$108,000.00
8. Award Number:	200-2012-53452
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Work began on September 30, 2012. Completed an interlab study of 150 specimens analyzed by toxin neutralization assay. Completed proficiency testing in ELISA. Investigated the elution of serum from dried blood cards for use in the anthrax toxin neutralization assay, improving the technique from about a 40% recovery to 60-70% recovery rate. Identified and spearheaded a collaborative relationship with another CDC branch to obtain over 200 prospective samples, pending IRB approval. Searched for large volume serum sources to test for reactivity to various Bordetella pertussis antigens; assessed by ELISA, a panel of in-house sera for reactivity to pertussis toxin, filamentous hemagglutinin, fimbriae 2/3, pertactin, and adenylate cyclase toxin. Most samples were negative or had low titers. Data suggest that exposure to adenylate cyclase toxin during infection may result in higher concentration of circulating antibodies than to pertussin toxin, though the significance is yet unrealized. A new lot of fetal bovine serum, a critical reagent, was next tested and qualified for use in their cellular assays. Several toxin neutralization assays were next performed, showing serum stability over time at 4 degrees C for inclusion in the Development Report. Next, approval was obtained to use serum samples from a separate pertussis lab allowing the exchange of de-identified patient data for selection of antiserum negative for pertussis antibodies. 840 records and grouped samples were consolidated based on priority for use in the Development assay, of which about 200 were identified as high priority samples. A follow-up experiment is being designed to obtain more replicates for significance calculations and potential assay modifications.</p> <p>At present, over 800 samples are being classified for use in the pertussis diagnostic assay. Serum groups have been identified in which sufficient numbers of samples now meet our presently defined criteria. Our employee will be working with pertussis epidemiologists to gather those samples over the next few months. He is continuing to modify the protocol for antiserum elution from dried blood spots and is now consistently obtaining 75% of serum, which is in line with expectations. Two lab members have been trained to perform SDS-PAGE and Western immunoblot analysis. Currently reviewing results from over 20 runs with 8-16 samples each during their optimization of the pertussis diagnostic assay. Data will determine how the SAS program should be modified to more accurately capture relevant data points.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Roche Reagents
4. Recipient Name:	Roche Diagnostics Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$69,004.00
8. Award Number:	200-2012-53531
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Roche has provided 30 HPV Linear Array Detection Kits and 57 HPV Linear Array Genotyping Kits to the CDC for ongoing study requirements.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	An Assessment of Tdap Vaccine Effectiveness Using Data from Managed Healthcare Organizations
4. Recipient Name:	Kaiser Foundation Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$264,369.00
8. Award Number:	200-2012-53536
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Assessment of Tdap Vaccine Effectiveness Using Data from Managed Healthcare Organizations Project began October 1st, 2012. This study will be developing a cohort of members of Kaiser Permanente Northwest (KPNW), born between January 1, 1987 and December 31, 2001, on whom comprehensive information (demographic, enrollment, healthcare encounter, laboratory, vaccination, and public health surveillance) is known in order to assess the effectiveness of Tdap vaccine.</p> <p>In the past 3 months the following ongoing activities and deliverables have been completed or have been started.</p> <ul style="list-style-type: none"> • Obtained KPNW IRB approval. • Began compliance process including a compliance review with the KPNW Compliance Officer, compliance account and a list of data set variables. • Loaded budget into KPNW finance tracking system with allocations for all team members: <ul style="list-style-type: none"> o Allison Naleway, Senior Investigator o Mark Schmidt, Research Associate III o Samantha Kurosky, Research Associate II o Judy Donald, Project Manager • Participated on study conference calls. • Collaborated with the CDC, Group Health and Oregon Health Authorities. • Developed a final study protocol which was submitted and approved by KPNW IRB.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	An Assessment of Tdap Vaccine Effectiveness Using Data from Managed Healthcare Organizations
4. Recipient Name:	Group Health Cooperative
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$159,454.00
8. Award Number:	200-2012-53589
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The purpose of this award is to combine Electronic Medical Record data from Group Health Cooperative with pertussis case report data from the Washington State Department of Health to estimate Tdap vaccine effectiveness. This project is a collaboration between Group Health and the Meningitis and Vaccine Preventable Diseases Branch (MVPDB) at the Centers for Disease Control and Prevention (CDC). During the reporting period, we have undertaken the following activities:</p> <ul style="list-style-type: none">(a) We have compiled data describing our study population, including demographics and vaccination history, to inform analytic approaches;(b) We have obtained a waiver of IRB review for this program evaluation;(c) We are working with CDC to develop detailed specifications for data collection and analysis;(d) We are working with the Washington State Department of Health to link Group Health data to Washington State pertussis surveillance data.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Laboratory Equipment
4. Recipient Name:	Technical Communities, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$74,122.60
8. Award Number:	200-2012-F-51984
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Applied Biosystems / Life Technologies 7500 FAST DX Real Time PCR System

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Effectiveness Transplacental Antibodies in Preventing Pertussis
4. Recipient Name:	Government Scientific Source, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$47,822.60
8. Award Number:	200-2012-F-53395
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Items purchased were Beckman Coulter A39152 Multisizer 4 w/ 100 um. 8546719 Isoton II Diluent 20 L. A35473 Accuvette ST 200. 8546930 Coulter Clenz 5L. 6601329 Standards Mixed Kit. A81097 Intel Computer Vista and A88098 20.1 Matrix LC Display.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	SEB Priority Initiatives- Bordetella proficiency panels
4. Recipient Name:	University of Wisconsin System, Wisconsin Occupational Health Laboratory
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$65,926.00
8. Award Number:	200-2012-M-52504
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Material was manufactured by WSLH Microbiologists to create a 12 sample panel for identification of Bordetella species. Samples were manufactured and validated in bulk to comply with CDC specified concentrations of organisms. The bulk samples were aliquoted to individual testing samples, kitted, packaged and shipped to 55 participants. Instructions and result forms were created by WSLH Medical Technologists and shipped along with the samples on October 22, 2012. Fifty-four labs tested the panels and faxed completed result forms to WSLH PT by November 9, 2012. The results were analyzed and scored based on peer responses and sample content. Individual evaluations, a summary of all responses, and specific notes regarding sample content were mailed to participants the week of December 17, 2012. All laboratory evaluations, summary of responses, specific notes, as well as copies of faxed result forms and the raw data compiled into Excel files were sent to the CDC.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Reagents and Lab Consumables (Laboratory Equipment)
4. Recipient Name:	Meso Scale Diagnostics, LLC dba Meso Scale Discovery
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$113,592.50
8. Award Number:	200-2012-M-52605
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The award is to provide custom manufactured kits for HPV analyses. For the reporting period 7/2/2012-12/2012, the following items have been supplied: 6 EA, MULTI-ARRAY® 96-well Plate Pac \$697.50 \$4,185.00 Shipped on 19 Oct 2012 1 EA, Performance Qualification Kit, \$883.50 \$883.50 Shipped on 19 Oct 2012

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Herpes Zoster Vaccine Effectiveness for Preventing Postherpetic Neuralgia in Adults 60 years and older in a health Maintenance Organization
4. Recipient Name:	Kaiser Foundation Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$146,122.00
8. Award Number:	200-2012-M-52840
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Obtained IRB approval on July 30. Generated SAS program for case identification. Created chart review form, a review instruction, and a case exclusion form. Provided training to residents in 2 sessions. Residents started reviewing patients medical records in September. Seven hundred fifty HZ cases have been reviewed by residents and quality control has been completed by a MD co-investigator (Dr. Lewin). Chart review is on going.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,600,000.00
8. Award Number:	3H23IP000537-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>Finalize contract with HP. Functional design document was designed regarding VTrckS requirements.</p> <p>Provide a billing needs assessment to approximately 56 different LPHAs.</p> <p>Complete contracts with Iowa Health Care Collaborative (IHCC), SafeGuard Iowa; and working on contracts with Iowa Immunization Coalition and local public health agencies. Work with ZLR to develop an adult educational campaign. IHCC has been working with long-term care facilities and ambulatory care facilities to report influenza rates of healthcare providers. Toolkit and survey were developed and disseminated.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HP Enterprises Services LLC
2. Subaward Date:	10/31/2012
3. Subaward Number:	3H23IP000537-01S1
4. PPHF Funding Amount:	\$627,459.00
5. Subaward Purpose:	Functional design document was designed regarding VTrckS requirements.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HS Medical Billing Services, Inc.
2. Subaward Date:	8/9/2012
3. Subaward Number:	3H23IP000537-01S1
4. PPHF Funding Amount:	\$501,889.00
5. Subaward Purpose:	Provided billing needs assessment and written report to 56 different LPHAs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Safeguard Iowa Partnership
2. Subaward Date:	11/1/2012
3. Subaward Number:	3H23IP000537-01S1
4. PPHF Funding Amount:	\$67,284.00
5. Subaward Purpose:	Developing a survey to be sent to business partners throughout the state to establish current immunization practices. Survey results will be used to develop a business immunization toolkit.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Iowa Health Care Collaborative
2. Subaward Date:	9/1/12
3. Subaward Number:	3H23IP000537-01S1
4. PPHF Funding Amount:	\$169,700.00
5. Subaward Purpose:	IHCC has been working with long-term care facilities and ambulatory care facilities to report influenza rates in healthcare providers. Toolkit and survey were developed and disseminated.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$818,278.00
8. Award Number:	3H231P000539-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The purpose of this project is to establish a sustainable system by which local health departments (LHDs) will be reimbursed by public and private health plans for the cost of purchasing and administering all ACIP routinely-recommended vaccines for adults. Activities this reporting period included meeting with 5 major health plans to describe the rationale for the project and obtain agreements in principle; upgrading Commonwealth Medicine's technical infrastructure to process claims from LHDs and transmit them to the health plans; and training and enrolling LHDs into the Massachusetts Immunization Information System (MIIS) to ensure that primary care providers receive information on vaccines administered to their patients at LHDs.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	John Snow, Inc. (JSI)
2. Subaward Date:	09/11/2012
3. Subaward Number:	3H231P000539-01S1
4. PPHF Funding Amount:	\$287,655.85
5. Subaward Purpose:	JSI provided project management including developing project work plan, designing the project evaluation, and compiling monthly progress reports. JSI worked with MDPH to develop strategies and materials to address anticipated concerns and barriers to health plans' participation in the billing project; arranged in-person meetings with 5 health plans/calls with 4 others; and followed up on questions and concerns raised at those meetings. JSI has also provided training and technical support to local health departments enrolling into the Massachusetts Immunization Information System (MIIS). This is important to the billing project because it ensures that information is available to primary care providers about vaccines administered to their patients by local health departments. To date 51 LHDs have enrolled in the MIIS.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Commonwealth Medicine
2. Subaward Date:	July 1, 2012
3. Subaward Number:	3H231P000539-01S1
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	Commonwealth Medicine has used funding from this award to upgrade their electronic infrastructure to facilitate processing of claims submitted by local health departments (LHDs), transmitting the claims electronically to the health plans; and ensuring accurate reimbursement back to the LHDs. CM conducted 6 regional trainings and 2 webinars on the billing project for LHDs, which were attended by 222 participants. CM has drafted a contract for health plans to expand the existing reimbursement project to include all ACIP routinely-recommended vaccines for adults.

1. Subaward Recipient Name:	Strategic Solutions Group (SSG)
2. Subaward Date:	July 1, 2012
3. Subaward Number:	3H231P000539-01S1
4. PPHF Funding Amount:	\$250,000.00
5. Subaward Purpose:	SSG is providing technical support of the MIIS to ensure its success with supporting local health departments and schools on the MIIS. SSG support includes addressing end user requests; troubleshooting application error conditions; executing system testing; supporting and maintaining the system interfaces; and performing ongoing quality assurance (QA) analysis to ensure accuracy and completeness of electronic data, including generating data quality reports for analysis and reporting.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Missouri State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$711,481.00
8. Award Number:	3H231P000540-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	This funding will be used to develop and implement a fully integrated Vaccines for Children provider information management and vaccine ordering system within Missouri's Immunization Information Sysytem, known as ShowMeVax.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Texas Department of State Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$719,217.00
8. Award Number:	3H23IP000543-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>The Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance project involves two phases. The first phase enhances the current TVFC Electronic Vaccine Inventory (EVI) system that is used by Texas VFC providers to place orders and report required information such as doses administered, vaccine losses, temperature issues, vaccine transfers, and current inventory. DSHS will contract with Upp Technology for system development and enhancements. DSHS is working with its information technology department to finalize a contract with the Upp Technology; this includes adding quality assurance features to the contract to ensure deliverables meet specifications and timelines. DSHS is working to secure a project manager, and begin writing business requirements documents for phase one objectives.</p> <p>Phase II of this project develops capability for vaccine inventory, tracking, and reporting within the new ImmTrac2 replacement system (WIR module). The long term solution would build TVFC vaccine inventory and tracking capability into the new ImmTrac WIR system that will replace the current immunization registry over the next few years. This new model includes an interface between WIR and VTrackS. The ImmTrac2 team is in the process of selecting a contractor and developing a preliminary schedule. The project anticipates a first release in early 2015. ImmTrac2 will prioritize development of the features identified in this proposal during the 2013-14 timeframe.</p> <p>DSHS finalized an updated grant plan and budget that is awaiting DSHS internal approval. DSHS expects to submit this plan by the next reporting period. DSHS plans to complete the project extension request consistent with phase two timelines.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$675,000.00
8. Award Number:	3H23IP000552-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>The CA VFC Program has implemented online vaccine ordering capability. In addition to the online order form, the web application has an administrative component that allows VFC program customer service representatives to approve or adjust individual orders as well as an automated email capability so that order confirmation can be sent to providers. The system can export orders either in VACMAN or VTrckS formats. This database underlying this web application will store both all vaccine ordering and shipping information.</p> <p>CA will use this funding to integrate this ordering functionality into the 'CAIR' IIS software (CAIR) that is currently being used by nearly 90% of the state. This new functionality would be accessed via a new single-site login for all 'CAIR' IIS users. Benefits for >2,500 IIS users who are also VFC providers will be: 1) greater convenience - a single login will allow them to both record vaccine doses administered as well as access the VFC ordering page, complete vaccine, 2) greater access to useful IZ info - the single login 'CAIR' IIS portal planned would be integrated into California's award winning EZIZ website, giving users better access to a variety of immunization training and materials.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of California San Francisco
2. Subaward Date:	TBD. Still waiting on spending authority approval.
3. Subaward Number:	3H23IP000552-01S1
4. PPHF Funding Amount:	\$675,000.00
5. Subaward Purpose:	The Immunization Branch has not received approval from the Legislature to spend the funding yet. However, we were able to move forward with hiring two web programmers to work on the project. The web programmers familiarized themselves with both the CAIR registry product and the VFC online ordering interface. The first step toward integrating the ordering into the registry is to be able to match CAIR IDs and VFC Pins. In order to do the matching, a recertification process is being launched for CAIR providers. During the recertification process, existing account information will be verified and IDs will be matched. The recertification website has been built and will be launched to providers in January 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$918,492.00
8. Award Number:	3H23IP000560-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The Georgia Immunization Program (GIP) used PPHF funding to increase vaccine availability and services to students in school located vaccination (SLV) clinics and to increase the capacity of data collection for public health immunization data systems. Georgia's 16 Public Health Districts and 92 County Health Departments are participating in the SLV project. SLV clinics began September 1, 2012 and will continue through March 31, 2013 targeting children ages 6 months to 18 years of age. There are two types of influenza vaccines offered at SLV clinics: live-attenuated intranasal vaccine (LAIV) or inactivated injectable vaccine (IIV). The proposed SLV activities are targeting students to help reduce the incidence of vaccine preventable disease pandemic or other public health emergencies. GIP purchased "seed" stock influenza vaccines amounting to \$183,890.80; for privately insured children vaccinated in SLV clinics. SLV clinics intend to bill to third-party payers. GIP is exploring, with third-party payers, mechanisms for roster billing and other mechanisms to simplify billing public and private insurance providers. It is estimated that 145,000 doses of influenza vaccine will be administered in SLV clinics this season (this includes first and second doses). PPHF funding in the amount of \$129,964.83 was used to develop state-wide media campaigns to inform the public of SLV clinics in their areas.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Georgia Department of Public Health (School Based Flu Project-District 1.1, 1.2, 2, 3.1, 3.2, 3.3, 3.4, 3.5, 5.1, 5.2, 6, 7, 8.1, 8.2, 9.1, 9.2, 10)
2. Subaward Date:	09/11/12
3. Subaward Number:	3H23IP000560-01S1
4. PPHF Funding Amount:	\$338,816.00
5. Subaward Purpose:	PPHF funding in the amount of \$21,176 per district was sub-awarded via Grant-In-Aid (GIA) to Georgia's 16 Public Health Districts participating in SLV clinics through the GIP. Funds are being used to offset SLV clinic cost associated with the following: printing (consent form packets, VIS, etc.), travel (to and from clinics), supplies (SLV clinic supplies), outreach-partnering, outreach-student involvement, laptops, wireless internet mobile hotspots. Each contractor submitted a GIA line item budget for these funds to the Immunization Program on or before December 31, 2012.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Georgia Department of Public Health (School Based Flu-Billing Project) District 1.1, 2, 5.2, 9.2
2. Subaward Date:	09/11/12
3. Subaward Number:	3H23IP000560-01S1
4. PPHF Funding Amount:	\$82,840.00
5. Subaward Purpose:	PPHF funding in the amount of \$20,710 per district was sub-awarded to four districts to upgrade IT systems and develop technology to aid in their billing processes; train staff on components of the Public Health Billing Resource Manual Section 5; and evaluate billing systems, data collection, and records management to show increased efficiency and effectiveness in billing. Contractors must submit a performance review, including detailed activities with successes, barriers, & lessons learned at the completion of the SLV project.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,796,940.00
8. Award Number:	3H231P000561-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>Program Area 2: We hired the project coordinator in September. We finalized the language and funding for local health jurisdiction (LHJ) contracts. The contracts will start in March of 2013, and LHJs will provide outreach and training to providers on the project. We established a user group to get feedback on how the Washington Immunization Information System (IIS) works for vaccine management. We worked with our IIS vendor to identify how inventory is managed in the IIS and developed a plan for enhancing the IIS. We analyzed how we could use existing tools in the IIS to meet the CDC requirements for inventory reporting. Eighty-seven percent of providers order vaccine in the IIS. We are working to get the remaining 13% on-line. We developed a strategy for matching names in the IIS and VTrckS without interfering with E.H.R. HL7 messages. We updated the names and addresses in both systems so they match, and have a protocol for keeping them up-to-date. The IIS now meets the requirements for exporting provider demographic data to VTrckS.</p> <p>Program Area 4: We hired a project coordinator and have contracts in place with five local health jurisdictions (LHJs) that will assist with activity planning and mentor other LHJs on billing practices. We completed a funding formula for LHJ activities. We completed the contract statements of work for the IIS vendor and for the first phase of grant activities for all 35 LHJs. We developed a work plan and reporting template for the first phase of the project. The project coordinator attended a coding workshop to gain information on changes expected in 2013. We shared information about the grant to all LHJs via a conference call. We worked with the mentors bi-weekly to develop a cost benefit assessment tool for LHJs. The mentors provided billing data to help complete the assessment tool. Three mentors are already assisting LHJs with billing activities. We are developing the presentations for a four-part training on billing. We scheduled an in-person meeting with the mentor LHJs for early February to review the cost benefit assessment and finalize the training tools.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$398,610.00
8. Award Number:	3H23IP000564-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>The Virginia Department of Health (VDH) seeks to increase vaccination of adults by improving relationships with pharmacies, pharmacists, community health centers (CHCs) and employers, specifically owners and administrators of licensed child daycare centers. Partner agencies include the Virginia Pharmacists Association (VPhA), the Virginia Department of Social Services (DSS), Project Immunize Virginia (PIV), the Virginia Board of Pharmacy, the Virginia Community Healthcare Association (VCHA), the Richmond Association for Directors of Early Childhood Education (RAD), the Richmond Early Childhood Association (RECA), and the Virginia Department of Medical Assistance Services (DMAS). Activities focus on four areas: 1) establishing collaborations with pharmacies and 2) employers, 3) promoting hepatitis B vaccination, and 4) engaging DMAS to encourage expansion of Medicaid coverage to include all adult ACIP-recommended vaccines. For area 1, VDH aims to increase pharmacists' knowledge and understanding of vaccines and administration in order to increase the number of pharmacists and pharmacy sites providing vaccines. Information recorded in VDH's immunization registry, the Virginia Immunization Information System (VIIS), is used to monitor progress in this area. To date baseline and quarterly VIIS data have been collected and evaluated. Based on feedback solicited from VPhA regarding topics and format for pharmacy trainings and education, a series of evening webinars was planned. The first training, an update on recent ACIP recommendations for adult vaccines, was held on 10/2/12. Free CE credit was offered to the 110 participants who completed a post-course survey. A pre-course survey was also deployed which provided valuable information from participants on their existing immunization practices. For area 2, multiple planning meetings were held with DSS, RAD and RECA. VDH will participate in a series of statewide meetings, hosted by DSS, for owners and administrators of licensed childcare facilities. Meeting participants will be educated on the importance of employee vaccination and will receive a toolkit to assist in implementing employee vaccination policies and procedures. A Richmond area daycare chain has also been identified as a possible site for piloting worksite vaccination clinics for influenza and Tdap vaccines. In addition, a training for daycare employees is in the development stage. This training will be deployed through DSS and will provide free CE credit for participants. For area 3, ten CHCs have enrolled in a program to identify and vaccinate high-risk patients. Nine of the ten facilities have completed MOAs and received vaccine. A webinar held on 11/6/12 provided details on program requirements. An additional training on the epidemiology of hepatitis B and vaccination best practices is scheduled for early 2013. For area 4, VDH staff have met with DMAS representatives; however DMAS is prioritizing other initiatives at this time.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Maine State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$598,261.00
8. Award Number:	3H231P000565-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>Since the beginning of this award the Maine Immunization Program has been working closely with the Maine Office of Information and Technology to accomplish established goals and objectives. Monthly reports have been submitted with the collaboration of both partners. Maine has acknowledged that hiring 1.5 staff as stated in our submitted grant would not be able to be completed during the time frame of the designated go-live date of April 2013, so contract staff has been procured to accommodate the need. Maine is participating in EXIS calls and now the Grantee go-live flash and module calls.</p> <p>Since providers will not be utilizing VtrKs direct our concentration has been on data cleansing and running the appropriate reports out of our IIS for upload to McKesson. Maine has procured the WIR code from Wisconsin and Oregon to see if it could be a modification to our IIS. Currently Providers are required monthly to track inventory down to the NDC level, report doses administered and current inventory on hand, as well as any wasted or non-viable vaccine transactions. Providers also log and submit temperature logs that are recorded twice daily as part of their monthly requirements. Providers are also able to order vaccine once a month, or less frequent if need be. Days of operations are collected within the IIS and with a small modification we will be able to accommodate the required hours of operation. With these requirements we feel comfortable that Maine will meet what is necessary to communicate to VtrKs.</p> <p>The plan for a system freeze for the Java and Oracle upgrades has found to be too much of a risk to be accomplished prior to our go-live date so this will take place after April 2013. Maine continues to move forward with project planning and accountability. The grantee training plan will be incorporated in the Module training as designated by the CDC.</p> <p>We still anticipate that the go-live date of April 2013 will be achieved.</p> <p>Maine does not have Subaward Recipients.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,907,670.00
8. Award Number:	3H23IP000567-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>PPHF Adult This grant covered several areas: Employer Outreach for Vaccination: Contracts are in place with eight local health departments to do employer outreach and education in their service areas related to employers. Promotion of Adult Immunization: The media contract with Lamar to develop bus wraps promoting adult immunizations was completed. The buses are running along the Wasatch Front - the most dense population areas in Utah (Utah county, Salt lake County, Davis County, Weber County and they gave us as in kind a new route in northern Utah in Cache County, they will run on the routes for the month of Oct. and into November 2012. An additional component of the media is to support a statewide pertussis campaign. An adult immunization conference was held in October 2012 and was very well attended and will be repeated in 2013. Community Health Outreach: The contract with 4th street Clinic to support the Adult Immunization Clinic is with 4th Street clinic for signature. The staff has been hired to do adult provider and long term care provider outreach, education, and promotion of our registry USIIS. Long Term Care Outreach: The staff to do long term care outreach and education has been hired. We plan to visit 100 LTC centers with 30 having been targeted as needing to be visited first. The staff hired, who has experience with doing Vaccine for Children site visits, made a visit to one LTC facility and has developed a check list for visits, providing education, assessment of staff and patient immunization rates, annual LTC reporting on immunization status of patients and staff, recommended employee vaccination policy, and working with them to enroll in the state registry, USIIS. It was a good experience to know what to expect for visits and much education on vaccine storage and handling. We are very excited about this opportunity to have a valuable impact on LTC vaccination in the state. Pharmacy: A contract is being written with Associated Foods the only remaining pharmacy group needing to connect with USIIS. PPHF School Located Vaccination Clinics Four local health departments received funding to develop and implement school located vaccination clinics in their service areas. The goal of the clinics are to provide vaccinations in a convenient setting and to bill insurance (public and private) to obtain funds to sustain the projects in future years. The four local health departments were: Tooele, Davis, Bear River, and Utah County. Over the fall season they have all implemented clinics, billed various plans and self pay clients successfully, and are collecting data to help with reporting. The Utah Dept of Health also received funding to provide coordination for the program.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Associated Food Stores
2. Subaward Date:	12/1/2012
3. Subaward Number:	IH23IP000567-01S1
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	Scope of work is described as follows: To develop interface for flat file transmission from RX1 Pharmacy Systems to the Utah State Immunization Information System (USIIS).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fourth Street Clinic
2. Subaward Date:	09/01/2012
3. Subaward Number:	IH23IP000567-01S1
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Fourth Street Clinic to fund a medical assistant position in order to vaccinate their homeless adult population. Medical assistant will screen, vaccinate and educate adults about immunization benefits and will input immunization records into the statewide USIIS system. Medical assistant will provide updates on vaccination coverage progress in their homeless adult population and provide the Utah Immunization Program with a final report of the total number of vaccinations given.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Media Spots
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000567-01S1
4. PPHF Funding Amount:	\$170,000.00
5. Subaward Purpose:	Media spots on the radio and bus advertisements for the Adult Immunization Campaign. The campaign will consist of general adult vaccination information with an emphasis on pertussis.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bear River Health District
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H23IP000567-01S1
4. PPHF Funding Amount:	\$281,540.00

5. Subaward Purpose:	Bear River Health Department received funding to develop and implement school located vaccination clinics in their service areas. The goal of the clinics are to provide vaccinations in a convenient setting and to bill insurance (public and private) to obtain funds to sustain the projects in future years. Over the fall season they have implemented clinics, billed various plans and implemented methods for self pay clients successfully, and are now collecting data.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Davis County
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H23IP000567-01S1
4. PPHF Funding Amount:	\$228,731.00
5. Subaward Purpose:	Davis County Health Department received funding to develop and implement school located vaccination clinics in their service areas. The goal of the clinics are to provide vaccinations in a convenient setting and to bill insurance (public and private) to obtain funds to sustain the projects in future years. Over the fall season they have implemented clinics, billed various plans and implemented methods for self pay clients successfully, and are now collecting data.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Tooele County
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H23IP000567-01S1
4. PPHF Funding Amount:	\$268,069.00
5. Subaward Purpose:	Tooele County Health Department received funding to develop and implement school located vaccination clinics in their service areas. The goal of the clinics are to provide vaccinations in a convenient setting and to bill insurance (public and private) to obtain funds to sustain the projects in future years. Over the fall season they have implemented clinics, billed various plans and implemented methods for self pay clients successfully, and are now collecting data.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Utah County
2. Subaward Date:	07/01/2012
3. Subaward Number:	3H23IP000567-01S1
4. PPHF Funding Amount:	\$606,231.00
5. Subaward Purpose:	Utah County Health Department received funding to develop and implement school located vaccination clinics in their service areas. The goal of the clinics are to provide vaccinations in a convenient setting and to bill insurance (public and private) to obtain funds to sustain the projects in future years. Over the fall season they have implemented clinics, billed various plans and implemented methods for self pay clients successfully, and are now collecting data.

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance (VTrcks)
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$468,000.00
8. Award Number:	3H23IP000571-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	Developed a scope of work with the vendor to enhance the registry to provide a more comprehensive scope of reporting, online provider enrollment and profile, and communication with VTrcks for shipping information. Enhancements are scheduled to be delivered in May 2013 and August 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Nevada State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,655,235.00
8. Award Number:	3H23IP000573-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	HL7: Secured authority to spend grant funds. Posted, interviewed, and hired temporary staff (Project Manager, HL7 Technician, 2 Deduplication Specialists). School-Located Vaccinations: Secured authority to spend grant funds. Posted, interviewed, and hired temporary staff (Project Manager, Project Assistant). Awarded subgrants to Carson City Health & Human Services and Immunize Nevada. Subgrantees in process of hiring staff for this project.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HL7: Envision Technology Partners
2. Subaward Date:	08/14/2012
3. Subaward Number:	3H23IP000573-01S1
4. PPHF Funding Amount:	\$100,300.00
5. Subaward Purpose:	No activities during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	School-Located Vaccinations: Carson City Health & Human Services
2. Subaward Date:	01/01/2013
3. Subaward Number:	3H23IP000573-01S1
4. PPHF Funding Amount:	\$118,085.00
5. Subaward Purpose:	No activities during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	School-Located Vaccinations: Immunize Nevada
2. Subaward Date:	01/01/2013
3. Subaward Number:	3H23IP000573-01S1
4. PPHF Funding Amount:	\$457,549.00
5. Subaward Purpose:	No activities during this reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Oregon State Department of Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,268,913.00
8. Award Number:	3H23IP000579-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>Program Area 4 (Billables): One of two contracts on this grant was awarded in October, 2012. That contract is with Kelly McDonald, LLC, to develop model billing standards for Oregon public immunization clinics. The contractor has accomplished all objectives to date on the timeline and is well on the way to a successful, consensus based design product. The second contract award was delayed and signed in Jan. 2013. That contractor, the Oregon Public Health Institute, will be working to garner agreement from the major health insurance companies doing business in Oregon to contract with Oregon's public immunization clinics for immunization services. While the contracting was delayed, the successful contractor has already obtained significant support and buy in from their board members, representing several of the largest insurers in the state. The two contractors will now begin coordinating their efforts and outreach together.</p> <p>Program Area 5 (Adult) The purpose of the Adult Immunization Special Project is to strengthen Oregon's adult immunization infrastructure. Since July 2012, local health departments (LHDs) have conducted activities in support of five objectives:</p> <ol style="list-style-type: none"> 1. Establish partnerships with pharmacies to initiate or increase the number of doses of influenza and/or Tdap immunizations given to adults by 10% or more compared to the pharmacies' 2011-2012 baselines. 2. Develop or improve relationships with non-healthcare employers with at least 50 employees with the goal of offering at least one employee influenza or Tdap adult vaccination event during 2012-2013. 3. Work with community health centers to expand their adult influenza and/or Tdap immunization services by at least one event or activity during 2012-2013. 4. Work with healthcare institutions to improve healthcare worker influenza vaccination rates with a goal of increasing coverage by 10% compared to the institutions' 2011-2012 baselines. 5. Work with long-term care (LTC) facilities to increase healthcare worker influenza vaccinations by 10% compared to facilities' 2011-2012 baselines. <p>The Oregon Immunization Program (OIP) has:</p> <ul style="list-style-type: none"> • Hired a contractor to serve as the state-level project coordinator • Subawarded the grant funds to 29 LHDs/LHD partnerships • Conducted site visits with all subawardees • Engaged corporate level pharmacy partners • Implemented a listserv, webpage, a monthly reporting process and conference calls, and • Completed county baseline data reports and an evaluation/intervention plan <p>Statewide, LHDs have formed 541 new partnerships and have completed 479 activities or events with those partners. OIP has spent 19% of its award through November 2012, which is the most recent available figure.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Baker County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$25,199.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Baker County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 2 pharmacies • 2 large non-healthcare employers • 2 community health centers (CHCs) • 2 healthcare institutions • 2 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.1 FTE to the project • Spent down 23% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 employers, 2 CHCs, 5 healthcare institutions, and 1 LTCF • Completed 2 vaccination events or activities with employers, 4 with CHCs, 3 with healthcare institutions and 1 with a LTCF; most of these have been flu and/or Tdap vaccination clinics

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Benton County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$48,391.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Benton County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 4 pharmacies • 4 large non-healthcare employers • 1 community health center (CHC) • 4 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.8 FTE to the project • Spent down 20% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 5 employers, 2 CHCs, 8 healthcare institutions, and 8 LTCF • Completed 1 vaccination event or activity with an employer, 2 with CHCs, 3 with healthcare institutions, and 3 with a LTCF
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clackamas County Health, Housing and Human Services, Public Health
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$136,463.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Clackamas County Public Health is required to conduct activities with:</p> <ul style="list-style-type: none"> • 10 pharmacies • 10 large non-healthcare employers • 3 community health centers (CHCs) • 10 healthcare institutions • 10 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.81 FTE to the project • Spent down 14% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 2 pharmacies, 11 employers, 3 CHCs, 4 healthcare institutions, and 7 LTCF • Completed 7 vaccination events or activities with pharmacies, 11 with employers, 2 with healthcare institutions and 14 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clatsop County Public Health
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$31,864.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Clatsop County Public Health is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 2 community health centers (CHCs) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.3 FTE to the project • Spent down 22% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 6 pharmacies, 1 employer, 1 CHCs, 3 healthcare institutions, and 1 LTCF • Completed 3 vaccination events or activities with pharmacies, 1 with CHCs, and 1 with a healthcare institution

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Public Health Foundation of Columbia County
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$35,292.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, The Public Health Foundation of Columbia County is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 2 community health centers (CHCs) • 3 healthcare institutions • 2 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project • Spent down 12% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 4 employers, 3 CHCs, 1 healthcare institution, and 1 LTCF • Completed 1 vaccination event or activity with a pharmacy, 1 with an employer, 3 with CHCs, 1 with a healthcare institution, and 2 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Coos County Public Health
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$40,469.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Coos County Public Health is required to conduct activities with:</p> <ul style="list-style-type: none"> • 4 pharmacies • 3 large non-healthcare employers • 2 community health centers (CHCs) • 4 healthcare institutions • 4 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Spent down 51% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 4 pharmacies, 10 employers, 2 CHCs, 5 healthcare institutions, and 4 LTCFs • Completed 3 vaccination events or activities with pharmacies and 4 with employers
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Crook County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$26,574.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Crook County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 1 community health center (CHC) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project • Spent down 14% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 pharmacies, 3 employers, 2 CHCs, and 2 LTCFs • Completed 1 vaccination event or activity with a pharmacy, 2 with employers, and 1 with CHC

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Curry County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$27,579.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Curry County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 2 pharmacies • 2 large non-healthcare employers • 3 community health centers (CHCs) • 2 healthcare institutions • 2 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.2 FTE to the project • Spent down 79% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with 4 employers • Completed 4 vaccination events or activities with pharmacies, 1 with an employer, 6 with CHCs, 2 with healthcare institutions, and 8 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Deschutes County Health Services
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$69,245.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Deschutes County Health Services is required to conduct activities with:</p> <ul style="list-style-type: none"> • 6 pharmacies • 6 large non-healthcare employers • 2 community health centers (CHCs) • 6 healthcare institutions • 6 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.8 FTE to the project • Spent down 35% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 19 pharmacies, 19 employers, 3 CHCs, 15 healthcare institutions, and 13 LTCF • Completed 2 vaccination events or activities with pharmacies, 14 with employers, 2 with CHCs, 10 with healthcare institutions, and 5 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Douglas County Health and Social Services
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$54,499.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Douglas County Health and Social Services is required to conduct activities with:</p> <ul style="list-style-type: none"> • 6 pharmacies • 6 large non-healthcare employers • 2 community health centers (CHCs) • 6 healthcare institutions • 6 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project • Spent down 28% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 7 pharmacies, 4 employers, 2 CHCs, 8 healthcare institutions, and 6 LTCFs • Completed 18 vaccination events or activities with pharmacies, 3 with employers, 2 with CHCs, 6 with healthcare institutions, and 12 with LTCFs
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Hood River & North Central Public Health District (Wasco/Sherman/Gilliam Counties)
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$95,741.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Hood River County Health Department and North Central Public Health District, working in partnership, are to conduct activities with:</p> <ul style="list-style-type: none"> • 6 pharmacies • 6 large non-healthcare employers • 8 community health centers (CHCs) • 6 healthcare institutions • 6 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project • Spent down 20% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 6 pharmacies, 7 employers, 5 CHCs, 21 healthcare institutions, and 10 LTCFs • Completed 1 vaccination event or activity with a pharmacy, 3 with employers, 5 with CHCs, 15 with healthcare institutions and 3 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Grant County Health Office and Family Planning Clinic
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$22,432.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Grant County Health Office is required to conduct activities with:</p> <ul style="list-style-type: none"> • 1 pharmacy • 1 large non-healthcare employer • 1 healthcare institution • 1 long-term care facility (LTCF) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project and spent down 10% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 1 pharmacy, 3 employers, 1 healthcare institution, and 2 LTCFs • Completed 2 vaccination events or activities with employers and 2 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Harney County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$22,307.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, the Harney County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 1 pharmacy • 1 large non-healthcare employer • 1 healthcare institution • 1 long-term care facility (LTCF) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.5 FTE to the project • Spent down 27% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 1 pharmacy, 10 employers, 1 healthcare institution, and 1 LTCF • Completed 3 vaccination events or activities with pharmacies, 1 with an employer, 1 with a healthcare institution, and 2 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Jackson County Health and Human Services
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$74,735.00

5. Subaward Purpose:	In support of the objectives for Oregon's Adult Immunization Special Project, Jackson County Health and Human Services, in partnership with Josephine County Public Health, is required to conduct activities with: <ul style="list-style-type: none"> • 8 pharmacies • 8 large non-healthcare employers • 4 community health centers (CHCs) • 8 healthcare institutions • 8 long-term care facilities (LTCFs) Since July 2012, the health department has: <ul style="list-style-type: none"> • Assigned 0.8 FTE to the project • Spent down 8% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 employers, 1 CHCs, 2 healthcare institutions, and 2 LTCFs • Completed 1 vaccination event or activity with an employer
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Jefferson County Public Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$38,183.00
5. Subaward Purpose:	In support of the objectives for Oregon's Adult Immunization Special Project, Jefferson County Public Health Department is required to conduct activities with: <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 1 community health center (CHC) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) Since July 2012, the health department has: <ul style="list-style-type: none"> • Assigned 0.25 FTE to the project • Spent down 40% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 2 pharmacies, 2 employers, 1 CHC, 2 healthcare institutions, and 2 LTCFs • The county has not reported the completion of any adult immunization activities or events

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Josephine County Public Health
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$44,294.00
5. Subaward Purpose:	In support of the objectives for Oregon's Adult Immunization Special Project, Josephine County Public Health, in partnership with Jackson County Health and Human Services, is conducting activities with: <ul style="list-style-type: none"> • 4 pharmacies • 4 large non-healthcare employers • 3 community health centers (CHCs) • 4 healthcare institutions • 4 long-term care facilities (LTCFs) Since July 2012, the health department has: <ul style="list-style-type: none"> • Assigned 0.8 FTE to the project • Spent down 8% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 employers, 1 CHC, 2 healthcare institution, and 2 LTCFs • Completed 1 vaccination event or activity with an employer

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lane County Health and Human Services
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$133,880.00
5. Subaward Purpose:	In support of the objectives for Oregon's Adult Immunization Special Project, Lane County Health and Human Services is required to conduct activities with: <ul style="list-style-type: none"> • 10 pharmacies • 10 large non-healthcare employers • 8 community health centers (CHCs) • 10 healthcare institutions • 10 long-term care facilities (LTCFs) Since July 2012, the health department has: <ul style="list-style-type: none"> • Assigned 1.25 FTE to the project • Spent down 9% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 5 pharmacies, 9 employers, 3 CHCs, 8 healthcare institutions, and 9 LTCFs • Completed 4 vaccination events or activities with pharmacies, 7 with employers, 2 with CHCs, 4 with healthcare institutions, and 6 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lincoln County Health and Human Services Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$35,332.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Linn County Health and Human Services Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 11 community health centers (CHCs) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1 FTE to the project • Spent down 28% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 6 CHCs, 1 healthcare institution, and 4 LTCFs • Completed 2 vaccination events or activities with employers, 3 with CHCs, and 1 with an LTCF
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Linn County Department of Health Services
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$55,808.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Linn County Department of Health Services is required to conduct activities with:</p> <ul style="list-style-type: none"> • 6 pharmacies • 6 large non-healthcare employers • 1 community health center (CHC) • 6 healthcare institutions • 6 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.57 FTE to the project • Spent down 45% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 5 pharmacies, 6 employers, 1 CHC, 6 healthcare institutions, and 4 LTCFs • Completed 7 vaccination events or activities with pharmacies, 8 with employers, 7 with healthcare institutions and 5 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Malheur County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$29,422.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Malheur County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 4 community health centers (CHCs) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.5 FTE to the project • Spent down 27% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 1 pharmacy, 5 employers, 3 CHCs, 4 healthcare institutions, and 1 LTCF • Completed 4 vaccination events or activities with pharmacies, 8 with employers, 5 with CHCs, 3 with healthcare institutions, and 5 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Marion County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$114,192.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Marion County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 10 pharmacies • 10 large non-healthcare employers • 6 community health centers (CHCs) • 10 healthcare institutions • 10 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.6 FTE to the project • Spent down 22% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 13 pharmacies, 4 employers, 6 CHCs, 13 healthcare institutions, and 5 LTCFs • Completed 5 vaccination events or activities with pharmacies, 4 with employers, 4 with CHCs, 8 with healthcare institutions, and 7 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Morrow County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$23,259.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Morrow County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 2 pharmacies • 2 large non-healthcare employers • 1 community health center (CHC) • 2 healthcare institutions • 2 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Spent down 62% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 5 pharmacies, 3 employers, 2 CHCs, and 3 healthcare institutions • Completed 10 vaccination events or activities with employers
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Polk County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$43,085.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Polk County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 4 pharmacies • 4 large non-healthcare employers • 1 community health center (CHC) • 4 healthcare institutions • 4 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.5 FTE to the project • Spent down 12% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 pharmacies and 6 employers • Completed 2 vaccination events or activities with employers

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Tillamook County Central Health Center
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$28,119.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Tillamook County Central Health Center is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 4 community health centers (CHCs) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.2 FTE to the project • Spent down 40% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 1 pharmacy, 1 employer, 2 healthcare institutions, and 1 LTCF • Completed 2 vaccination events or activities with pharmacies, 2 with employers, 3 with healthcare institutions, and 3 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Umatilla County Public Health Division
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$42,600.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Umatilla County Public Health Division is required to conduct activities with:</p> <ul style="list-style-type: none"> • 4 pharmacies • 4 large non-healthcare employers • 2 community health centers (CHCs) • 4 healthcare institutions • 4 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.4 FTE to the project • Spent down 23% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 4 pharmacies, 30 employers, 4 CHCs, 3 healthcare institutions, and 8 LTCFs • Completed 8 vaccination events or activities with pharmacies, 30 with employers, 8 with CHCs, 8 with healthcare institutions and 16 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Union County Center for Human Development, Inc.
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$28,068.00

5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Union County Center for Human Development, Inc. is required to conduct activities with:</p> <ul style="list-style-type: none"> • 3 pharmacies • 3 large non-healthcare employers • 2 community health centers (CHCs) • 3 healthcare institutions • 3 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.5 FTE to the project • Spent down 13% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 2 employers and 1 LTCF • Completed 7 vaccination events or activities with employers, 4 with CHCs, 4 with healthcare institutions and 3 with LTCFs
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wallowa County Health Department
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$22,271.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Wallowa County Health Department is required to conduct activities with:</p> <ul style="list-style-type: none"> • 1 pharmacy • 1 large non-healthcare employer • 1 healthcare institution • 1 long-term care facility (LTCF) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.35 FTE to the project • Spent down 36% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 pharmacies, 2 with CHCs, and 2 LTCFs • Completed 3 vaccination events or activities with pharmacies, 10 with employers, 1 with a CHC, 1 with a healthcare institution and 1 with an LTCF

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Wheeler County Health Office
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$20,471.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Wheeler County Health Office is required to conduct activities with:</p> <ul style="list-style-type: none"> • 1 pharmacy • 1 large non-healthcare employer • 1 community health center (CHC) • 1 healthcare institution • 1 long-term care facility (LTCF) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 1.5 FTE to the project • Spent down 45% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 8 employers, 5 healthcare institutions, and 2 LTCFs • Completed 10 vaccination events or activities with employers, 5 with healthcare institutions and 4 with LTCFs

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Yamhill County Public Health
2. Subaward Date:	07/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$50,175.00
5. Subaward Purpose:	<p>In support of the objectives for Oregon's Adult Immunization Special Project, Yamhill County Public Health is required to conduct activities with:</p> <ul style="list-style-type: none"> • 4 pharmacies • 4 large non-healthcare employers • 1 community health center (CHC) • 4 healthcare institutions • 4 long-term care facilities (LTCFs) <p>Since July 2012, the health department has:</p> <ul style="list-style-type: none"> • Assigned 0.25 FTE to the project • Spent down 1.4% of its award through Nov. 2012 • Submitted monthly progress reports to the Oregon Immunization Program • Participated in monthly conference calls and a site visit with the state-level project coordinator • Formed new partnerships with: 3 pharmacies, 2 employers, and 10 healthcare institutions • Completed 2 vaccination events or activities with pharmacies, 2 with employers, and 9 with healthcare institutions

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Kelly McDonald, LLC
2. Subaward Date:	10/16/2012
3. Subaward Number:	3H23IP000579-01S1
4. PPHF Funding Amount:	\$155,255.00
5. Subaward Purpose:	Contractor is coordinating the development of tiered billing standards that will apply to each of Oregon's Local Health Departments (LDHs)

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	North Dakota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$675,000.00
8. Award Number:	3H23IP000580-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	The North Dakota Department of Health (NDDoH) received this grant to implement and enhance billing for immunization services at local public health units in North Dakota. The local public health units in North Dakota have been billing insurance for immunizations since 2008 using the North Dakota Immunization Information System. The objectives are that by the end of the grant period, the NDDoH will increase the percentage of billing related expenses covered by insurance to 95 percent and be able to maintain that in the future. Activities include evaluating the current local public health billing system, obtaining additional participating agreements with insurance companies for billing, training local public health unit staff on billing, contracting with third party billing agencies, and obtaining internal billing systems, if needed. Funding was requested for contracts with an evaluator and with local public health units for immunization billing in North Dakota. This reporting period, the NDDoH established contracts with local public health units for immunization billing. One local public health unit will be responsible for overall coordination of this grant. Monthly billing task force calls were held. Three trainings regarding immunization billing were conducted for health units. A baseline survey about current billing activities was distributed to health units. 100% of health units completed the survey. A quarterly billing reporting worksheet was developed, piloted, and implemented. The NDDoH and contractor participated in monthly conference calls with the Centers for Disease Control and Prevention (CDC). Monthly reports were submitted to CDC.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Valley Health District
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000580-01S1
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	Coordinated and facilitated immunization-related billing trainings for health units. Coordinated and facilitated at least monthly calls for billing-related activities with the billing task force. Participated on CDC billing-related conference calls. Consolidated local public health billing-related data from required quarterly reports and submit to the NDDoH. Followed-up with health units not reporting or incorrectly reporting. Served as the immunization billing "expert" for local public health technical assistance. Developed a baseline billing survey for health units to determine current activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bismarck Burleigh Public Health
2. Subaward Date:	09/01/2012
3. Subaward Number:	IH23IP000580-01S1
4. PPHF Funding Amount:	\$37,068.00
5. Subaward Purpose:	Participated in billing-related trainings and conference calls. Completed a baseline billing survey to determine current billing activities. Billed for immunizations administered at the health unit. Tracked billing data and activities on the quarterly report and reported as required.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Custer District Health Unit
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000580-01S1
4. PPHF Funding Amount:	\$46,923.00
5. Subaward Purpose:	Participated in billing-related trainings and conference calls. Completed a baseline billing survey to determine current billing activities. Billed for immunizations administered at the health unit. Tracked billing data and activities on the quarterly report and reported as required.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fargo Cass Public Health
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000580-01S1
4. PPHF Funding Amount:	\$63,231.00
5. Subaward Purpose:	Participated in billing-related trainings and conference calls. Completed a baseline billing survey to determine current billing activities. Billed for immunizations administered at the health unit. Tracked billing data and activities on the quarterly report and reported as required.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grand Forks Public Health
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000580-01S1
4. PPHF Funding Amount:	\$31,458.00

5. Subaward Purpose:	Participated in billing-related trainings and conference calls. Completed a baseline billing survey to determine current billing activities. Billed for immunizations administered at the health unit. Tracked billing data and activities on the quarterly report and reported as required.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lake Region District Health Unit
2. Subaward Date:	09/01/2012
3. Subaward Number:	3H23IP000580-01S1
4. PPHF Funding Amount:	\$33,496.00
5. Subaward Purpose:	Participated in billing-related trainings and conference calls. Completed a baseline billing survey to determine current billing activities. Billed for immunizations administered at the health unit. Tracked billing data and activities on the quarterly report and reported as required.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
4. Recipient Name:	Ohio Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,605,791.00
8. Award Number:	3H23IP000581-01S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.539
11. Summary of Activities:	<p>The Ohio Department of Health (ODH) was awarded funds for the following areas: Program Area 1: Enhance Interoperability Between Electronic Health Records (EHRs) and Immunization Information System (IIS) and Reception of Health Level 7 (HL7) Standard Message into ISS and Program Area 4: Implement Strategic Plans for Billing for Immunization Services in Health Department Clinics.</p> <p>Program Area 1: Enhance Interoperability Between Electronic Health Records (EHRs) and Immunization Information System (IIS) and Reception of Health Level 7 (HL7) Standard Message into ISS. ODH is working with Ohio's Health Information Exchanges to assist large health systems and other providers to send HL7 files to ImpactSIIS, the Ohio Immunization Information System. Through December 31, 2012, a Public Health Gateway is being developed to simplify connecting for Ohio's health care providers and reporting about the status of messages sent. Ohio has begun work required to allow the IIS to send immunization data back to providers in real-time and to address data quality issues within the IIS. Staff participated in monthly calls with CDC.</p> <p>Program Area 4: Implement Strategic Plans for Billing for Immunization Services in Health Department Clinics. The Ohio's Billables objectives include collaboration with pilot local health departments that billed private insurance plans for immunization services. Each pilot (1, 2, and 3) represents a different approach to billing. They are as follows: pilot 1 LHDs will undertake billing facilitated by the billing module housed within the state IIS (ImpactSIIS); pilot 2 LHDs will provide vaccine to insured clients and bill using a private company and pilot 3 LHDs will bill private health plans using methods independent from ODH. The vaccine used to immunize privately insured patients in pilots 1 and 3 will be purchased with state funds and provided by ODH. This vaccine is to be used for immunizing privately insured patients and billing. Other objectives are that ODH will contract with an evaluator to complete thorough baseline, intermediate and end of the project evaluations of each pilot LHD. These evaluations will provide useful information to the non-pilot LHDs in Ohio that are making decisions on how to proceed with billing. Also, ODH will provide all of the LHDs in Ohio access to a billing specialist who will offer billing trainings and serve Ohio's LHDs as an "on-call" resource for all billing related questions (e.g. coding, credentialing, contracting). This reporting period, ODH created memoranda of understanding for each pilot LHD. ODH also worked on the logistics of the pilot projects and the contracts for the billing specialist and pilot evaluator positions. Pilot kickoff calls took place throughout the month of December. The pilots will start on 1/1/2013. The ODH participated in monthly conference calls with the Centers for Disease Control and Prevention (CDC). Monthly reports were submitted to CDC.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	Seattle Children's Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$296,947.00
8. Award Number:	3U01IP000457-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	<p>Part 1: Description of Progress: We operate a New Vaccine Surveillance Site (NVSN) for population-based surveillance for acute gastroenteritis (AGE) in King County (KC), Washington. Our surveillance site is Seattle Children's Hospital (SCH). Recruitment for patients with AGE takes place in the emergency department (ED) and urgent care clinic (UC). Health Controls (HC) and inpatients (IP) are recruited as part of a separately funded project. The protocol amendment dated Sept. 15, 2012 was approved on Nov. 1, 2012 and implemented on Dec. 1, 2012. Status: AGE Surveillance was conducted 4-6 days per week, for 6-12 hours/day. Year 1 (Dec. 1, 2011 to Nov. 30, 2012) enrollment was 169 AGE ED and UC participants, 87 HC, and 30 additional AGE IP subjects. Specimens collected from all AGE participants include: 167 stool, 110 saliva, and 47 blood. Vaccine records were collected on 181/186 (98%) subjects. For the reporting period July 1 - Dec. 31, 2012, 115 AGE ED and UC subjects (18 additional IP) were enrolled. This represents screening of 252 potential ED subjects, and actual discussions with 180 eligible subjects who had AGE, spoke English or Spanish, and were accompanied by a parent. The rate of enrollment is 115/180 (64%) of approached eligible subjects. 92 (80%) stool specimens were collected from AGE subjects. Rotavirus was detected in 15. Forty AGE saliva samples and 17 residual blood samples were collected from ED subjects. Data from subjects and their families regarding clinical disease, demographics, and vaccination status was collected. Vaccine verification for 96% of AGE patients was obtained using our state-wide electronic vaccine data entry system or by direct inquiry from the patient's primary care provider. Part 2: Description of Progress: Epidemiologic and clinical data, specimens, and vaccination verifications from 154 subjects (103 AGE, 36 HC and 15 AGE IP) were collected and entered. Status: Matching of AGE and HC (2:1) subjects by age and race has been excellent. We note confounding of racial reporting in that many subjects report more than 2 races. We are providing leadership in this project as a new protocol for rotavirus surveillance in the ICU setting for Year 2 was discussed and verbally approved at the annual NVSN meeting in July 2012. This protocol was submitted to local and CDC IRBs, and local IRB approval was received in Dec. 2012. Pending CDC IRB approval, we will begin this study. We are also actively collaborating with the Kansas City NVSN site in establishing human parechovirus surveillance in an upcoming study.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	Children's Hospital Medical Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$295,800.00
8. Award Number:	3U01P000458-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	<p>Conduct enhanced surveillance consistent with NVSN protocols. We have followed the NVSN protocol to conduct surveillance in the inpatient and ED settings during the reporting period. Surveillance is done 5 days per week on the inpatient floors and 4 days per week in the ED, varying the ED days of the week to obtain a representative cross-section of patients.</p> <p>Collect epidemiological and clinical data, specimens, and vaccine verifications from control subjects. During this reporting period, we have enrolled 60 (87%) out of 69 eligible children in the inpatient setting and 268 (81%) out of 330 eligible children in the ED setting for an overall enrollment of 328 (82%). We have collected stools from 95% of our inpatients and 72% of our ED patients. Of the 60 enrolled inpatients, 49 (82%) were less than 5 years of age and saliva was collected on 100% of the age-eligible inpatients. Of the 268 enrolled ED patients, 247 (92%) were less than 5 years of age and saliva was collected on 99% of the age-eligible ED patients. For all the children enrolled, 86% of the inpatients had blood specimens and 18% of the ED patients had blood specimens. Of those with leftover blood collected, we retrieved specimens from 100% of the inpatients and ED patients.</p> <p>Perform laboratory testing of collected stool specimens. Bulk stool specimens were tested for rotavirus using the Rotaclone commercial assay. From 7/2012 – 12/2012, 57 inpatient specimens and 167 ED specimens were tested, with 23% of the inpatient and 13% of the ED specimens testing positive for the presence of rotavirus. In total 224 specimens have been tested with an overall prevalence of rotavirus of 15%.</p> <p>Leadership/Partnership In the new NVSN group, we are able to provide our expertise in conducting active surveillance and collaborating with the other sites. We have worked closely with the Oakland site, providing guidance to assist them with the logistics of the study start-up activities. Collaboration with Public Health Agencies (CDC, Ohio Department of Health and the Hamilton Co. and Cincinnati Health Departments) has been a long-standing, mutually respectful relationship with CCHMC.</p> <p>Current Budget Period Financial Progress We are utilizing the PPHF funds as anticipated during this time period. Included in the expenditures are employee salaries and wages, fringe benefits, study supplies including office supplies and printing costs for consents and case report forms, laboratory testing, courier service for specimen retrieval and subject incentives</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	University of Rochester
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$295,685.00
8. Award Number:	3U01P000459-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	<p>Enhanced Surveillance of Newly Preventable Diseases University of Rochester- Dr. Peter Szilagyi, PI 08/1/2012-12/31/2012</p> <p>The four major categories of activities include surveillance for acute gastroenteric disease (AGE), follow-up with AGE subjects and household contacts, enrollment of Healthy Controls, and data preparation/analysis.</p> <p>1) AGE surveillance: Surveillance for AGE disease (rotavirus and norovirus) occurs year round in the inpatient and emergency departments of Strong Memorial Hospital and Rochester General Hospital in Monroe County, New York. Our goal for the current budget year is to obtain 90 samples from the inpatient units and 315 samples from the EDs (through 7/31/2013). Children are eligible if they are greater than 14 days and less than 11 years of age and are evaluated for the treatment of acute gastroenteritis of less than or equal to 10 days duration. A bulk stool specimen is obtained from enrolled subjects. In addition, a saliva specimen is collected for subjects under 5 years of age. In the period of 8/1/2012 to 12/31/12, our site enrolled 50 subjects obtained samples from 39 of subjects enrolled. Of these, 20 were inpatient samples and 19 were ED samples. Saliva specimen were collected from 21 subjects and blood samples from 44 subjects. While surveillance occurs year round, the heaviest AGE burden is seen in winter and spring months.</p> <p>2) Follow-up of Enrolled AGE Subjects and Household Contacts: The protocol includes contact with households approximately 2-3 weeks after the index subject enrollment. Participants complete a brief survey to provide further information regarding the clinical course, costs, and other epidemiological information regarding the enrolled subject's specific AGE illness that prompted the original hospital/ ED visit. The survey includes information regarding any symptoms, clinical history, and indirect and direct attributable costs of AGE illness for any household members since the index child was enrolled. Vaccine verification is also conducted on enrolled subjects.</p> <p>3) Enrollment of Healthy Controls: The protocol includes enrollment of Healthy Controls (matched by race/ethnicity and age group). Parents of children greater than 14 days and less than 11 years of age presenting for a well child visit at the ambulatory pediatric clinic at Strong Memorial Hospital are approached for enrollment. Healthy controls must not have any ARI symptoms on the day of or within 3 days prior to the enrollment, and they must not have any diarrhea or vomiting on the day of or within 14 prior to enrollment. Twenty-one controls were enrolled; 16 stool samples and 18 saliva samples were obtained.</p> <p>4) Data preparation/analysis: PPFH funds are used to cover a portion of a biostatistician to support data preparation and analysis. We continue to collaborate with CDC and network sites on descriptive analyses regarding clinical and epidemiologic characteristics of AGE infections and vaccination.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	The Children's Mercy Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$271,003.00
8. Award Number:	3U01P000460-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	<p>Rotavirus and norovirus are two leading agents of acute gastroenteritis (AGE) in infants and children. Norovirus infections cause about 21 million illnesses per year in the US alone, and contribute to 70,000 hospitalizations and 800 deaths per year and no vaccine is currently available. On the other hand, since the introduction of rotavirus vaccine in 2006, morbidity and mortality of rotavirus related diseases have been significantly reduced in USA. The aims of the project are to document the efficacy of rotavirus vaccine post implementation and determine incidence and host susceptibility to norovirus infection. Children's Mercy Hospitals and Clinics (CMH) at Kansas City, MO, and six medical institutions nationwide, is currently conducting surveillance on viruses causing AGE via the cooperative agreement "Enhanced surveillance for vaccine preventable diseases" established by Centers for Disease Control and Prevention (CDC). This population-based surveillance study was reviewed and approved by CMH IRB. Inclusion criteria include residence within a six-county catchment area surrounding the surveillance site; age no less than 14 days and no more than 11 years; and admission to a participating hospital or emergency department (ED) for AGE treatment of less than or equal to 10 days' duration. Symptoms of AGE are diarrhea, abdominal pain, fever, and vomiting. Saliva and stool samples were collected by trained health care professionals for detection of norovirus and rotavirus. For the period 07/01/2012-12/31/2012, CMH has screened 827 patients for this study; 572 participants were enrolled as of December 31, 2012. All participants went through the informed consent process prior to enrolling. 471 participants were enrolled as AGE cases and 101 participants have enrolled as healthy controls. Among all the AGE patients, 28 (6%) were inpatients and 446 (94%) were ED patients. 275 participants (48%) were female, while 293 participants (52%) were male. The median age of AGE patients was 26 months, while the median age of healthy controls was 28 months. 76 Spanish speaking persons (13%) signed up for this study during the time period of this report; the remaining participants spoke English. CMH has collected a total of 441 saliva samples and 435 stool samples. Saliva specimens were shipped to Cincinnati to determine genetic susceptibility to Norovirus. CMH conducts stool testing on site with the Meridian Premier Rotaclone test; 15 stool samples (3%) tested positive for rotavirus, and 401 stool samples (93%) tested negative for rotavirus. Of 15 patients with rotavirus infection 5 were born prior to 2006 when the rotavirus vaccine was released. 4 were fully vaccinated against rotavirus, and 3 were partially vaccinated. 3 patients never received the rotavirus vaccine despite being born after 2006. In summary, rotavirus vaccination appears to have impacted AGE symptoms due to rotavirus infection.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A

3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

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3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A

3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A

3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	Texas Children's Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$401,659.00
8. Award Number:	3U01P000461-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	<p>Texas Children's Hospital received Prevention and Public Health Fund (PPHF) beginning on September 30, 2012. This award funds activities to conduct surveillance for new vaccine preventable diseases. The following activities were conducted:</p> <ol style="list-style-type: none"> 1. Screen and enroll eligible children with AGE Inpatient surveillance is conducted for 5, half-day sessions each week, during Monday through Friday. Inpatient floors were screened on 63 of 66 weekdays. 25 eligible subjects were identified and 23 (92%) were enrolled. ED surveillance is conducted 7 days a week. ED screening occurred on 91 of 93 days. 277 eligible subjects were identified and 242 (87%) were enrolled. 2. Collect demographic and required medical information for all enrolled children Demographic information for all enrolled children was captured using CDC case report forms and hospital EMR databases. Collection of rotavirus vaccination information and admission and discharge diagnosis data is ongoing. 3. Collect whole stool specimens from enrolled children with acute gastroenteritis and test them for rotavirus at the surveillance site: Fecal specimens have been collected for 20 of 23 (87%) inpatients and 178 of 242 (74%) ED patients. 4 of 20 (20%) inpatient specimens tested positive for rotavirus by EIA, and 22 of 178 (12%) ED specimens tested positive for rotavirus by EIA. 4. Collect saliva specimens from enrolled subjects with AGE for testing secretor antigens for assessments of norovirus-secretor status Saliva specimens were collected from 8 of 23 (35%) subjects enrolled from the inpatient floors and 40 of 242 (17%) subjects enrolled from the ED. 5. Evaluate rotavirus vaccine effectiveness. Data from the 2011-2012 season are being finalized, and as such, no evaluation of effectiveness has been calculated. Data from TCH will be combined with data from other study sites to calculate vaccine effectiveness estimates. 6. Conduct quality control and assessment activities. Our quality control officer participated in and observed all enrollers in September, October, and December, 2012. No deviations from standardized enrollment procedures have been noted to date. Additional records are available upon request. 7. Data submission to CDC Data have been entered into CDC's secure access management services (SAMS) online portal for enrolled subjects. Fecal specimens collected for subjects enrolled during September 30, 2012 through November 30, 2012 (n=166) have been shipped to CDC for confirmatory rotavirus testing and genotyping. 8. Conduct expanded surveillance for additional vaccine-preventable diseases or implement new vaccine or gastroenteritis related surveillance activities as requested by CDC <i>We are currently exploring the possibility of expanding surveillance activities to include TCH's neonatal intensive care unit (NICU). CDC project officer, Dan Payne, is supportive of our potential</i>

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Immunization
3. Award Title:	Enhanced Surveillance for New Vaccine Preventable Disease
4. Recipient Name:	Vanderbilt University Hospital, Children's Rehab Unit
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$317,106.00
8. Award Number:	3U01P000464-02S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.533
11. Summary of Activities:	The primary goal of the AGE surveillance was to conduct active population-based surveillance in children 15 days-10 years of age in both the ED and inpatient settings. Surveillance was conducted four days a week in the ED from 4pm-12am and for the inpatient setting Monday -Friday. All children with diarrhea and/or vomiting within the catchment area were targeted for enrollment. After informed consent, routine demographic information, illness characteristics and socio-economic status were obtained from the families, and stool samples were obtained from the children. Stool samples were assayed for the presence of rotavirus antigen using a rotavirus antigen ELISA. Vaccination verification for the receipt of rotavirus vaccine (over 90%), including date, type, and number of doses, was also obtained from all enrolled subjects' providers. We also made follow-up phone calls about 2-3 weeks later to all AGE subjects that returned a stool sample. Starting 12/1/12 – our site increased the age group to <18 years of age and we also enrolled 15 days- 17 years of age with AGE in the outpatient setting to help determine the burden of norovirus.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	America's Health Insurance Plans
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,300,000.00
8. Award Number:	1U58DP004157-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	<p>America's Health Insurance Plans' (AHIP) cooperative agreement with the Centers for Disease Control and Prevention (CDC) aims to implement programs based on the National Diabetes Prevention Program (National DPP) to help prevent type 2 diabetes and gestational diabetes among at-risk members and communities of four health plans, Aetna, EmblemHealth, Florida Blue and Molina Healthcare Inc., in four states: Florida, New Mexico, New York, and Texas. AHIP's program entitled, "Health Plans Preventing Diabetes and Improving Well-Being," will work with health plans that have identified specific sites, including worksites, clinics, and community-based sites, for recruitment, education, and implementation of the National DPP. Participating health plans will develop specific outreach efforts for racially and ethnically diverse populations, including African Americans and Latinos. Gestational diabetes will also be addressed. Participating health plans will implement the lifestyle change program and recruit and oversee on-site supervision of staff and consultants. AHIP and the health plans will identify opportunities to work with local purchasers and employer coalitions to increase awareness, recruitment and expansion of these programs for employees at risk of type 2 diabetes. AHIP sees the potential of expanding the project to additional interested health plans during the second phase of the project. By the end of the four years, the participating health plans and AHIP will have reached over 500,000 people at risk for diabetes in the specified communities, through the intervention sites, and through educating employers, providers and consumers about the health benefits and cost-effectiveness of the National DPP. During the first quarter, 9/30/12 and 12/31/2012, AHIP and its participating health plans began establishing the infrastructure necessary to develop and promote the lifestyle change program. As AHIP entered into final contract negotiations with sub grantees, program staff worked with plans to develop and submit its operational plan based on CDC guidance. Sub grantees identified staff (e.g., program and data coordinators and health coaches) responsible for managing and conducting the intervention as well as initial partners that will work with insurers to offer the program. These partners include employers, medical groups, Cooperative Extension Services offices, and state agencies. AHIP, in partnership with the plans and CDC, issued a press release and blog entry highlighting the new funding award program. An initial draft and discussion on the marketing plan with CDC has begun. In December, AHIP and sub grantees participated in a grantee orientation meeting at CDC's Headquarters in Atlanta to obtain additional guidance of the grantee's roles and responsibilities for enhancing and scaling the National DPP. AHIP continues to provide technical assistance to sub grantees through monthly conference calls and e-mail correspondence.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	National Council of the YMCA
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,300,000.00
8. Award Number:	1U58DP004174-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	<p>Y-USA's proposed project goals are to (a) produce intended outcomes (nutrition- and physical activity-related behavior changes, weight loss, and physical activity increases) to reduce type 2 diabetes risk, (b) scale the YMCA's Diabetes Prevention Program (YMCA's DPP) to 11 new provider YMCAs (in Long Beach, CA; San Jose, CA; Moline, IL; Brockton, MA; North Attleboro, MA; Ann Arbor, MI; Grand Rapids, MI; Kearney, NE; Pittsburgh, PA; Richmond, VA; and Everett, WA) and increase participant enrollment over the project period so that an additional 4,155 participants are enrolled across these 11 sites, (c) train a new cohort of 12-20 Master Trainers and 110 Lifestyle Coaches, and (d) increase employer and insurer engagement and education for the purpose of partnership and coverage of the YMCA's DPP as a health benefit and to help sustain the program beyond the project period. This project will expand upon Y-USA's success in working with payers to successfully reach and serve thousands of participants, and continue to support the CDC's National Diabetes Prevention Program.</p> <p>By employing the strategies listed above, Y-USA will prepare the 11 new provider YMCAs for effective program implementation, will support local YMCA staff in developing the workforce needed for quality program delivery, and will help to reach and serve thousands of individuals at risk for type 2 diabetes.</p> <p>During the reporting period, Y-USA developed and submitted a first draft and revised version of its Awardee Operational Plan, along with corresponding materials, and attended the grantee orientation meeting in Atlanta in December 2012. Y-USA recruited a marketing/communications team member, and began learning more about the processes for reporting activity and expenses to the CDC. Y-USA also identified an evaluation team member, and began learning more about the processes for reporting activity to the CDC.</p> <p>Toward its goal of expanding the cohort of Master Trainers approved to facilitate delivery of curriculum training for YMCA's DPP, Y-USA identified, qualified, and trained 8 new Master Trainers in December 2012.</p> <p>In November 2012, Y-USA facilitated a webinar attended by senior leadership from each of the 11 new provider sites to discuss the program, grant, and funding timelines; partnership cultivation; staffing and financial models; and next steps for getting started. Following this webinar, Y-USA scheduled and conducted individual conference calls with each provider Y team to begin developing a localized strategy for launching YMCA's Diabetes Prevention Program in the 11 targeted communities.</p> <p>Finally, Y-USA developed internal processes to prepare the local Y sites for engagement around their sub-awards beginning in January 2013, pending approval of our Awardee Operational Plan.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	OptumHealth Care Solutions
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,135,000.00
8. Award Number:	1U58DP004176-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	<p>Project Planning, Administration and Evaluation - OptumHealth Care Solutions (OHCS) - Diabetes Prevention and Control Alliance (DPCA) reviewed the Grant Notice of Award Cooperative Agreement in September 2012 and began planning project implementation. Recruitment of approved grant staff was immediately initiated with employment commencing for a Project Manager on 11/5/2012 and a Marketing Specialist on 1/2/2013. An Operational Plan was compiled and submitted outlining project strategies, implementation activities, project set-up priorities and the four year high-level work plan of expanding access to and reimbursement for the National Diabetes Prevention Program (National DPP) within six states: Southern California, Colorado, New Mexico, Tennessee, Washington and a state yet to be determined. DPCA's first grant year will focus on three states: Tennessee (Nashville and Memphis), Colorado (Denver metro area) and Washington (Seattle, Spokane, Olympia, and Tacoma). Five members of the DPCA Team participated in the CDC's Grantee Orientation Conference held in Atlanta, Georgia on 12/6-7/2012, and monthly meetings were established with the Program Officer. Upgrades to the MYnetico software system were completed to incorporate the required Diabetes Prevention Recognition Program (DPRP) reporting standards. DPCA attended the PPHF Recipient Reporting webinar held on 12/14/2012.</p> <p>Build and Manage Network – Conversations were initiated to identify three to five community-based organizations within each state to join the DPCA Network of DPP Providers. During this reporting period DPCA identified three Federally Qualified Health Centers (FQHC's) within the Nashville, TN market, and two community-based organizations, one in the Denver, CO market and one in Washington. Contracts are in the process of being executed with each Provider. DTTAC provided DPP curriculum training to the 3 FQHC's Lifestyle Coaches 10/9-10/2012.</p> <p>Payer Education and Implementation – DPCA identified populations and determined an outreach and engagement strategy for prospective payers and employers in the target markets for year 1, including the development of an outreach strategy. Discussions with state Diabetes Prevention Control Programs (DPCP) to facilitate meetings with regional/state health insurers were also initiated. DPCA confirmed a payer who will provide the DPP benefit to 500 members in the Nashville, Tennessee market in 2013, and held meetings with payers who are evaluating adding the DPP benefit to members who reside in the Denver, Colorado metro area and in Washington. Discussions to establish required data feeds for member eligibility, claims and claims reimbursement were also initiated.</p> <p>Consumer Engagement and Enrollment – In coordination with the CDC, DPCA generated and published a press release on 11/15/2012. A communication and marketing strategy for each market was initiated to include a review of consumer communication materials by target population.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	American Association of Diabetes Educators
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,225,000.00
8. Award Number:	1U58DP004519-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	<p>American Association of Diabetes Educators (AADE) will utilize a national network of diabetes educators and diabetes self-management programs to expand the reach of the National Diabetes Prevention Program (National DPP). AADE's overall objectives for Year 1 include establishing 20 sites in 12 target states where DPP will be implemented. Activities in the first quarter of this cooperative agreement have included 1) Communication, 2) Implementation, and 3) Compliance/Administration.</p> <p>Communication</p> <ul style="list-style-type: none"> • Issued a press release on the AADE DPP Program • Included articles on National DPP in 2 issues of our electronic newsletter that is distributed to more than 13,500 AADE members • Developed a page on the AADE web site about the National DPP and the AADE DPP Program • Submitted an abstract about the AADE DPP effort to the 2013 AADE Annual Meeting • Submitted article for In Practice, AADE's membership magazine for diabetes educators • Began drafting Marketing and Communications Plan • Participated in calls with FH1 – 360– Porter Novelli <p>Implementation</p> <ul style="list-style-type: none"> • Surveyed AADE membership about interest in the program • Developed a 4-Yr Operational Plan and submitted to CDC • Created 2 funding opportunities to identify sites to deliver the program • Distributed the funding opportunities through our electronic newsletter, posting on AADE web site, postings on MY AADE NETWORK (AADE's on-line member affiliation system), and targeted emails to AADE members. • Participated in calls with larger employers, interested programs, and program officer <p>Compliance/Administration</p> <ul style="list-style-type: none"> • Recruiting process for efforts to recruit 2 new grant funded positions underway, and a Program Manager has been hired • Attended National Grantee meeting at CDC • Participated in webinars on Payment Management System, and Public Health and Prevention Funding Reporting <p>Currently, AADE is focused identifying eligible sites to provide the National DPP to participants. These sites will be chosen in February, 2013. Thereafter, the program coordinators from each site will undergo Lifestyle Coach Training, sites will recruit participants and programming will begin in May 2013.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	National Black Women's Health Project
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,045,060.00
8. Award Number:	1U58DP004682-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	<p>Valerie Rochester, Imperative Director of Programs, serves as the project director for this initiative, providing primary oversight of all activities and is the liaison with CDC on all programmatic and administrative matters. During this reporting period the Imperative identified and hired staff including Angela Ford, project manager, who will have day to day responsibility for the project and liaison with the community partners. Charita Boseman is the project coordinator providing support on day to day program activities. Tia-Nicole Leak is the project evaluator and Samantha Griffin is the project assistant. Four members of the project team attended the December Grantees' Orientation meeting in Atlanta, Georgia. The Imperative engaged community partners in five diabetes hot spot cities to deliver the lifestyle change intervention to Black women and Latinas at risk for diabetes as well as their family members and social networks. Our National DPP community partners include Black Women for Wellness in Los Angeles, CA; Community Capacity Builders in Virginia Tidewater Area; Community Wellness Project in St. Louis, MO; Indiana Minority Health Coalition in Indianapolis, IN; Michigan Black Women's Health Alliance in Detroit MI.</p> <p>We executed preliminary partnership agreements with all five partners, with the understanding that agreements will be updated as needed prior to program implementation. On January 10-11, the Imperative hosted a two-day orientation in Washington DC for our partners. The orientation provided an opportunity for them to hear about the Imperative's five-year strategic plan and how this initiative fits into the plan. The meeting also provided an opportunity for introductions and networking among the partners, a discussion of the Imperative's proposed start up plan, implementation, deliverables and expectations. Partners were able to discuss issues and concerns, identify potential barriers and challenges, and share possible solutions for addressing and overcoming each of these. Details covered during the December Grantees' general meeting and work sessions were shared during the orientation as well. Our Director of Finance presented the plan for fiscal reporting and how future payments will be disseminated and the Imperative's Director of Marketing provided guidance related to Social Media to support their outreach and recruitment efforts. Partners provided feedback and input on how the program will be rolled out in Year 01. Most importantly, while the Imperative has had an on-going relationship with each of the organizations, the orientation provided an opportunity for all partners to give their buy-in and commitment to embracing this initiative and working collectively towards a successful outcome of preventing diabetes in African American and Latina women.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Black Women for Wellness
2. Subaward Date:	November 1, 2012
3. Subaward Number:	4682B
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	<p>The purpose of the sub awards is to engage community partners to deliver the evidence-based intervention in their respective cities/states with the overall goal of offering the lifestyle change intervention as a paid benefit to 500,000 participants by September 2016. Partners were identified in hot spot cities where we believe there is the greatest need and we can have the greatest impact. Preliminary partnership agreements with all five community partners have been signed and executed, with the understanding that these agreements will be updated as needed prior to actual program implementation. All partners have submitted a start up plan to the Imperative outlining their pre-implementation phase activities and timeline. Pre-implementation activities for all partners included the development of a programmatic overview; participation in a BWHI conference call; identification of a Diabetes Prevention Program Coordinator; identification of at least two lifestyle coaches to be trained in the CDC intervention curriculum; preliminary outreach and recruitment strategy for participants; identification of potential employers to engage; and having two representatives in attendance at the Imperative's National DPP partners' orientation in Washington DC.</p> <p>During the two-day partners' orientation, discussion also focused on how we will revise work plans to reflect what was agreed upon regarding program start up and phasing in activities. The two primary goals for Year 01 are: (1) To get the intervention up and running and (2) To recruit employers for collaboration on health screenings, hosting the intervention, and referring participants. [Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Capacity Builders, LLC
2. Subaward Date:	November 1, 2012
3. Subaward Number:	4682C
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	<p>The purpose of the sub awards is to engage community partners to deliver the evidence-based intervention in their respective cities/states with the overall goal of offering the lifestyle change intervention as a paid benefit to 500,000 participants by September 2016. Partners were identified in hot spot cities where we believe there is the greatest need and we can have the greatest impact. Preliminary partnership agreements with all five community partners have been signed and executed, with the understanding that these agreements will be updated as needed prior to actual program implementation. All partners have submitted a start up plan to the Imperative outlining their pre-implementation phase activities and timeline. Pre-implementation activities for all partners included the development of a programmatic overview; participation in a BWHI conference call; identification of a Diabetes Prevention Program Coordinator; identification of at least two lifestyle coaches to be trained in the CDC intervention curriculum; preliminary outreach and recruitment strategy for participants; identification of potential employers to engage; and having two representatives in attendance at the Imperative's National DPP partners' orientation in Washington DC.</p> <p>During the two-day partners' orientation, discussion also focused on how we will revise work plans to reflect what was agreed upon regarding program start up and phasing in activities. The two primary goals for Year 01 are: (1) To get the intervention up and running and (2) To recruit employers for collaboration on health screenings, hosting the intervention, and referring participants. [Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Community Wellness Project
2. Subaward Date:	November 1, 2012
3. Subaward Number:	4682T
4. PPHF Funding Amount:	\$80,000.00

5. Subaward Purpose:	<p>The purpose of the sub awards is to engage community partners to deliver the evidence-based intervention in their respective cities/states with the overall goal of offering the lifestyle change intervention as a paid benefit to 500,000 participants by September 2016. Partners were identified in hot spot cities where we believe there is the greatest need and we can have the greatest impact. Preliminary partnership agreements with all five community partners have been signed and executed, with the understanding that these agreements will be updated as needed prior to actual program implementation. All partners have submitted a start up plan to the Imperative outlining their pre-implementation phase activities and timeline. Pre-implementation activities for all partners included the development of a programmatic overview ; participation in a BWHI conference call; identification of a Diabetes Prevention Program Coordinator; identification of at least two lifestyle coaches to be trained in the CDC intervention curriculum; preliminary outreach and recruitment strategy for participants; identification of potential employers to engage; and having two representatives in attendance at the Imperative's National DPP partners' orientation in Washington DC.</p> <p>During the two-day partners' orientation, discussion also focused on how we will revise work plans to reflect what was agreed upon regarding program start up and phasing in activities. The two primary goals for Year 01 are: (1) To get the intervention up and running and (2) To recruit employers for collaboration on health screenings, hosting the intervention, and referring participants.</p> <p>[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Indiana Minority Health Coalition
2. Subaward Date:	November 1, 2012
3. Subaward Number:	4682I
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	<p>The purpose of the sub awards is to engage community partners to deliver the evidence-based intervention in their respective cities/states with the overall goal of offering the lifestyle change intervention as a paid benefit to 500,000 participants by September 2016. Partners were identified in hot spot cities where we believe there is the greatest need and we can have the greatest impact. Preliminary partnership agreements with all five community partners have been signed and executed, with the understanding that these agreements will be updated as needed prior to actual program implementation. All partners have submitted a start up plan to the Imperative outlining their pre-implementation phase activities and timeline. Pre-implementation activities for all partners included the development of a programmatic overview ; participation in a BWHI conference call; identification of a Diabetes Prevention Program Coordinator; identification of at least two lifestyle coaches to be trained in the CDC intervention curriculum; preliminary outreach and recruitment strategy for participants; identification of potential employers to engage; and having two representatives in attendance at the Imperative's National DPP partners' orientation in Washington DC.</p> <p>During the two-day partners' orientation, discussion also focused on how we will revise work plans to reflect what was agreed upon regarding program start up and phasing in activities. The two primary goals for Year 01 are: (1) To get the intervention up and running and (2) To recruit employers for collaboration on health screenings, hosting the intervention, and referring participants.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Black Women's Health Alliance
2. Subaward Date:	November 1, 2012
3. Subaward Number:	4682Y
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	<p>The purpose of the sub awards is to engage community partners to deliver the evidence-based intervention in their respective cities/states with the overall goal of offering the lifestyle change intervention as a paid benefit to 500,000 participants by September 2016. Partners were identified in hot spot cities where we believe there is the greatest need and we can have the greatest impact. Preliminary partnership agreements with all five community partners have been signed and executed, with the understanding that these agreements will be updated as needed prior to actual program implementation. All partners have submitted a start up plan to the Imperative outlining their pre-implementation phase activities and timeline. Pre-implementation activities for all partners included the development of a programmatic overview ; participation in a BWHI conference call; identification of a Diabetes Prevention Program Coordinator; identification of at least two lifestyle coaches to be trained in the CDC intervention curriculum; preliminary outreach and recruitment strategy for participants; identification of potential employers to engage; and having two representatives in attendance at the Imperative's National DPP partners' orientation in Washington DC.</p> <p>During the two-day partners' orientation, discussion also focused on how we will revise work plans to reflect what was agreed upon regarding program start up and phasing in activities. The two primary goals for Year 01 are: (1) To get the intervention up and running and (2) To recruit employers for collaboration on health screenings, hosting the intervention, and referring participants.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Diabetes Prevention Program
3. Award Title:	Preventing Type 2 Diabetes among People at High Risk
4. Recipient Name:	National Association of Chronic Disease Directors
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$750,000.00
8. Award Number:	1U58DP004778-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.739
11. Summary of Activities:	The National Association of Chronic Disease Directors (NACDD) was funded to scale the National Diabetes Prevention Program in 5 locations. NACDD hired 1.75 FTE made up of a Project Director (1.0 FTE), a Project Evaluator (.25 FTE) and a Project Manager for Business and Payer Strategies during this reporting period. The project team developed the required Operational Plan and submitted it to CDC. NACDD in collaboration with CDC has identified two partners to help them identify lifestyle coaches to deliver the program, educate employers and insurers to offer the lifestyle change program as a covered health benefit and to develop a system delivery network for filing claims for reimbursement to organizations that deliver the lifestyle change program. During this reporting period, NACDD attended the CDC grantee training in December and met with one potential partner. Additionally, NACDD established a system of sound fiscal management including assurances that monitor cooperative agreement funds; monitor program contracts; ensure funds are spent in support of approved activities; track and report expenditures; prevent unobligated balances; and provide oversight of funded sub-recipient communities. No sub-awards were developed during this reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$485,745.00
8. Award Number:	3U58DP001400-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>MDPH (Massachusetts Department of Public Health) will utilize the Nutrition, Physical Activity and Obesity Program Supplemental Breastfeeding funds to improve the continuity of breastfeeding care and support for Massachusetts mothers by enhancing community-based post-discharge resources for women and their families.</p> <p>This goal will be achieved by utilizing a "catalyst grant" mechanism to work with targeted communities to enrich or convene breastfeeding teams consisting of a minimum of 3 community-based organizations, including at least one maternity hospital. Communities selected are currently involved in the department's MIM (Mass in Motion) initiative, which promotes the development and implementation of policies, systems and environmental change strategies in 52 cities and towns across the Commonwealth to support healthy eating and active living. Catalyst grants have been provided to 6 breastfeeding continuity of care teams serving 16 MIM cities and towns, consisting of various partner agencies in different communities such as WIC, Healthy Families, the Visiting Nurse Association, Head Start, and the Early Intervention Partnership Program. They have developed customized implementation plans with performance indicators in collaboration with MDPH and Northeastern University (NU) to provide education, peer mentoring, access to post-discharge care, and/or other supportive services to breastfeeding mothers in the selected communities. During this grant reporting period, catalyst grant communities were selected and baseline community team performance measures were collected and recorded in the IHI Extranet database, which will serve as a means for communication amongst the breastfeeding continuity of care teams, MDPH and NU.</p> <p>In addition, the grant will support 3 Baby Café™ pilot programs at Federally Qualified Community Health Centers, providing access to post-discharge breastfeeding support services to areas of greatest need. These programs will be implemented in 3 additional MIM communities that fill both demographic and geographic gaps not captured with the catalyst grants. During this grant reporting period, Baby Café™ pilot programs were selected.</p> <p>Grant objectives also include continuing professional education for pediatric providers to support breastfeeding families in the post-discharge period and improve their continuity of care. Additionally, awareness and utilization of available resources for linking mothers with direct support for breastfeeding, including prenatal education and post-partum support services will be improved. During this grant reporting period, discussions with a few of the key stakeholders has taken place, providing the project team with guidance in taking necessary steps to execute grant objectives.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northeastern University
2. Subaward Date:	11/05/2012
3. Subaward Number:	3U58DP001400-05W1
4. PPHF Funding Amount:	\$252,620.00
5. Subaward Purpose:	<p>NU (Northeastern University) is providing evaluation and project-related services to MDPH for this award. NU handles technical assistance including data collection for the indicators for all three objectives (except those that already existed based on MDPH infrastructure and services). During this grant reporting period, NU had primary responsibility for implementing the catalyst grant and pilot Baby Café™ selection process for Objective 1 in collaboration with MDPH. NU set up and trained catalyst communities on the IHI Extranet database which will be used throughout the grant period as a means to report data and communicate among fellow grantees, MDPH and NU. NU hired staff and technical experts which will serve all aspects of the grant. NU and MDPH initiated tasks related to Objectives 2 and 3 during this period as well. During this grant reporting period and for the remainder of the grant, NU and MDPH will work together to accomplish all project-related tasks as needed.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Ripples Group
2. Subaward Date:	10/19/2012
3. Subaward Number:	3U58DP001400-05W1
4. PPHF Funding Amount:	\$43,125.00
5. Subaward Purpose:	<p>During this grant reporting period, The Ripples Group hired a contractor to work as the Project Coordinator for this grant. This Project Coordinator reports directly to the Nutrition Division Director and the NPAO Program Director. During this grant reporting period and for the remainder of the grant, The Ripples Group will provide a Project Coordinator to assist MDPH in providing project management services such as the coordination of grant activities.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Health Resources in Action, Inc. (HRIA)
2. Subaward Date:	10/26/2012
3. Subaward Number:	3U58DP001400-05W1
4. PPHF Funding Amount:	\$190,000.00
5. Subaward Purpose:	<p>Health Resources in Action (HRIA) has been awarded a contract to collaborate with MDPH to provide grant making services to accomplish goals in Objective 1. During this grant reporting period, HRIA facilitated the catalyst grant and pilot Baby Café™ application process. HRIA hosted a bidder's conference call for prospective catalyst grant applicants, collected grant proposals, and assisted in the catalyst grant and pilot Baby Café™ selection process. HRIA, as MDPH's grantmaking partner for the Mass In Motion program, will continue to provide MDPH with grant support services which will allow seamless execution of catalyst grant and pilot Baby Café™ funds to selected communities for the remainder of this grant.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,184,569.00
8. Award Number:	3U58DP001414-05S1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>The New York (NY) Obesity Prevention Program works with state- and local-level partners on implementation of the state plan to prevent obesity and other chronic diseases through sustainable environmental, systems and practice changes in healthcare, communities, schools, child care and worksite settings. Communities affected by health disparities, including persons with disabilities, are designated priority populations. Joint planning and collaboration assures that interventions are consistent, unduplicated and reach significant proportions of populations. In this period the new obesity prevention in pediatric primary care settings began. Statewide representatives for quality improvement, clinical and behavioral medicine, and community care were engaged to inform and guide the project. Promotion and support of successful breastfeeding within hospitals continued through the provision of breastfeeding training to hospital maternity care staff. Hospital breastfeeding performance data, including the percentage of healthy newborns exclusively fed breast milk, were sent to all hospital administrators; data were also posted for consumer access. NYS Breastfeeding Quality Improvement in Hospitals Learning Collaborative results were disseminated through peer reviewed publication, as was work on improving hospital breastfeeding policies in NY and the development of a model hospital breastfeeding policy. Materials supporting consumption of healthy beverages were developed and publicly posted. A statewide physical activity training was held for child care trainers and consultants. Several summative evaluation reports were completed. Student weight status prevalence and count data from 2010-12 by county and region were publicly posted. Supplemental funding is used to develop a sustainable network of community based breastfeeding services in a large, high need, urban western NY County. The project aim is to increase exclusive breastfeeding from hospital discharge through 3 months among low income women residing in communities of color who participate in WIC and Medicaid. The project expands and improves breastfeeding support services by providing training and technical assistance to the network of 14 organizations serving mothers, infants and young children through partnership building and network coordination; promoting breastfeeding friendly healthcare provider practices; enhancing home visiting services to support early and exclusive breastfeeding; increasing the number of breastfeeding friendly child care settings; and, increasing access to places women can go for informal support and expert consultation. Achieved in this period was a performance monitoring and reporting system; a tool supporting breastfeeding friendly practices; and assessment of current home visiting practices. Certified Lactation Counselor training was held.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Indiana State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$530,420.00
8. Award Number:	3U58DP001481-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>Among infants born in Indiana, 72.6% are initially breastfed in the hospital, 39.2% were breastfeeding at six months and 20.9% were breastfeeding at twelve months. Since the launch of Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020 in January 2011, a network of state and local partners have been working to implement breastfeeding objectives that focus on the initiation, duration, and exclusivity of breastfeeding. To this end, the Indiana State Department of Health (ISDH) is providing funding to 14 Community Based Organizations (CBO) in 11 Indiana counties (Allen, Bartholomew, Elkhart, Johnson, Lake, Madison, Marion, Monroe, St. Joseph, Vanderburgh, and Vigo) to provide services and support breastfeeding mothers after hospital discharge. The ISDH, along with the Indiana Perinatal Network, will coordinate this project as well as provide administrative and technical assistance to the 14 CBOs. The goal is to strengthen local capacity to increase and/or enhance the type of services provided by CBOs to support breastfeeding and overcome barriers to breastfeeding that women and families may experience. The CBOs will participate in a statewide breastfeeding collaborative to increase skills and strengthen capacity. A sharing network will be established to facilitate discussion and to share information and resources among the CBOs. Other key partners will include the Indiana State Breastfeeding Coalition and local breastfeeding coalitions.</p> <p>The services provided and method of delivery of the CBOs is as diverse as the communities themselves. The 14 CBOs reach rural and urban communities and provide services to disparate populations, such as non-Hispanic Blacks, Hispanics, Burmese refugees, and teen age moms. The CBOs will receive funding to enhance their capacity to implement a variety of breastfeeding strategies. Their selected strategies include opening drop-in centers, home visits, phone and in-person consultation support to breastfeeding mothers, purchasing needed supplies to outfit drop-in centers, starting minority breastfeeding support groups, establishing pumping areas in community schools and worksites, and providing Certified Lactation Counselor (CLC) training. Each CBO will identify and carry out a plan to sustain the work initiated through this project. ISDH will work closely with an Evaluation Team to capture the number of clients served at each CBO, demographic information on clients, and the role of CBOs and their services offered to support breastfeeding mothers. The Evaluation Team will collect stories and testimonials from mothers and CBOs. The successes and lessons learned through the experiences of the 14 CBOs will be shared with local, state, and national breastfeeding partners and stakeholders.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Indiana Perinatal Network, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U58DP001481-05W1
4. PPHF Funding Amount:	\$498,384.00
5. Subaward Purpose:	<p>The Indiana Perinatal Network (IPN) will work closely with the Indiana State Department of Health (ISDH) Division of Nutrition and Physical Activity (DNPA) to provide leadership and infrastructure support to implement and evaluate the Breastfeeding Support Initiative goals and objectives. More specifically, IPN will allocate individual community grants to 14 CBOs to provide services and support breastfeeding mothers after hospital discharge. IPN will oversee the CBOs implementation of existing and/or new breastfeeding services and support, fiscal management of the individual community grants, and all necessary reporting for the DNPA and Centers for Disease Control and Prevention (CDC). IPN will work closely with the selected CBOs to undertake and implement breastfeeding strategies and interventions at the community level. During the performance of this contract period, IPN must respond to all written requests set forth by DNPA that pertain to the Breastfeeding Support Initiative's overall work plan and the CBOs' individual work plans, the final approved budget, and the terms and conditions of its contract, by the requested timeline. During the contract period, IPN must participate in all required trainings, meetings and conference calls as prescribed by the DNPA to ensure that adequate progress is made on specific outcome and output measures that include baseline plans, short terms accomplishments, outputs, and annual, project period and quarterly milestones.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Community Solutions, Inc.
2. Subaward Date:	11/01/2012
3. Subaward Number:	3U58DP001481-05W1
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	<p>Community Solutions, Inc. (CSI) will conduct an evaluation of the Community Breastfeeding Support Initiative (CBSI) for the Indiana State Department of Health (ISDH) Division of Nutrition and Physical Activity (DNPA). CSI will work with DNPA and the Indiana Healthy Weight Initiative (IHWI) to engage an Evaluation Advisory Group (EAG) in an evaluation of the Community Breastfeeding Support Initiative. Together, CSI and the EAG will identify the relevant questions to be answered through the evaluation process and determine the best and most cost-effective tools with which to conduct the evaluation. The evaluation will include quantitative and qualitative measures designed to assess both implementation processes and client participation at each of the partnering community-based organizations (CBOs). CSI understands that this evaluation will include, at minimum, an assessment of organizational capacity to support and encourage breastfeeding among consumers and the broader community, process documentation of initiative implementations, an overall assessment of customer services being provided, and an assessment of breastfeeding behaviors of mothers who are currently receiving services. CSI will work with the EAG to ensure that the evaluation process and resulting report emphasize the utility of the findings. While the specific data collection approaches will be developed in partnership with the EAG, CSI has vast experience in program evaluation, and thus anticipates that the following data collection activities will be incorporated into the overall evaluation approach: conduct a brief review of the literature on breastfeeding support for underserved communities to identify best practices in the field as a reference point; gather and review program information and organizational information about all CBOs; work with CBOs to identify common measures of client demographics and participation in services; design and implement an electronic survey of CBO's on services provided and organizational capacity; collect de-identified client data from partner CBOs; conduct key informant interviews and focus groups with CBO program directors and leadership to explore former and current organizational capacity for breastfeeding support; and draft final report.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Rhode Island Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$821,457.00
8. Award Number:	5U58DP001385-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	The mission of the Initiative for Healthy Weight (IHW) is to prevent and address overweight and obesity. IHW works with partners to make healthy eating and active living easier choices for all residents. IHW leads the state in achieving the objectives in Eat Smart Move More RI: A Plan for Action 2010-2015. IHW has implemented many initiatives that focus on the built environment including funding 4 new communities, creating a Learning Collaborative of partners, and providing reviews and feedback on municipal comprehensive plans. IHW has staffed the newly formed Interagency Food and Nutrition Policy Advisory Council charged with elevating the importance of local, healthy foods in state government. IHW has also begun a new phase of the Cut Back the Sugar campaign. In addition, IHW provided technical assistance to partners on issues including Complete Streets, the SNAP restaurant meals program, childcare initiatives to improve nutrition and physical activity, and on HEALTH's Healthy Foods at Meetings and Events policy.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Adil Staffing
2. Subaward Date:	06/30/2012
3. Subaward Number:	3U58 DP001285-05
4. PPHF Funding Amount:	\$32,232.00
5. Subaward Purpose:	Funds were used to support the salary of IHW's Food Systems Specialist through a staffing contract with Adil.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Brown University
2. Subaward Date:	06/30/2012
3. Subaward Number:	3U58 DP001285-05
4. PPHF Funding Amount:	\$99,290.00
5. Subaward Purpose:	Funds were used to support 40% of staff time of Patricia Risica, PhD to serve as IHW's Epidemiologist and Evaluator. Dr. Risica developed the evaluation plan for IHW's childcare initiatives, developed and implemented a childcare survey, developed the final partner survey, and began work on the final Burden of Obesity report. In addition to Dr. Risica, funds supported a Research Assistant and 5% of a statistician to assist with this work.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,356,850.00
8. Award Number:	5U58DP001386-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>Michigan's Nutrition, Physical Activity and Obesity Program works with internal and external partners to, increase physical activity, improve healthy eating and prevent and control obesity. In Year 5, the Program is supporting the following key initiatives</p> <p>A statewide, multi-media public awareness campaign designed to promote a social movement to reduce obesity and encourage the adoption of a healthy lifestyle.</p> <p>Three interventions, Healthy Community, Faith-Based and Early Care and Education, each with a focus on reducing obesity related disparities and impacting populations with high rates of overweight and obesity.</p> <p>Healthy Community project has six agencies receiving funding, training and technical assistance from the NPAO program to work with community coalition members to make changes to practices, procedures, systems and environments in a variety of sectors, making it easier for people to be physically active and eat healthy foods. The project will impact nine high need counties and Michigan's 12 federally recognized tribes and the American Indian Health and Family Services Agency.</p> <p>The Faith-Based project is implemented in 25 African American churches in the City of Detroit to create organizational practices and environmental supports for healthy eating and social support programs for physical activity. These supports include fruit and vegetable mini-farmer markets and physical activity programs.</p> <p>The Early Care and Education project uses the NAP SACC intervention in 20 licensed early care and education centers with high need children. These child care centers will create system and environment changes that enhance physical activity and improve nutrition standards.</p> <p>Michigan breastfeeding project will work with seven local breastfeeding coalitions, State WIC Program, Maternal Infant Health Program, early care and education programs, and Michigan's Black Mother's Breastfeeding Association to advance breastfeeding support to a higher level of coordination and implementation. This project will provide technical assistance, training and resources to agencies who will work at the community level to address breastfeeding challenges of early-postpartum mothers.</p> <p>This project will provide training and technical assistance to professional, paraprofessionals and peer counselors who service breastfeeding women; develop and disseminate resources; facilitate integration of breastfeeding support into health delivery systems; increase knowledge and breastfeeding support in child care facilities; and expand the number of community based sites where breastfeeding women can receive peer support group services, face-to-face counseling, phone counseling and breastfeeding resources. This project will build on current state-wide breastfeeding initiatives and enhance non-traditional linkages between state programs, local organizations and coalitions which will influence future project sustainability.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Institute for Black Family Development
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001386-05
4. PPHF Funding Amount:	\$76,478.00
5. Subaward Purpose:	<p>The 805 program funding is supporting the Institute for Black Family Development to work with twenty-five (25) African American Churches in Detroit to increase access and availability of fresh fruits and vegetables and physical activity opportunities. The purpose of the project is to provide training, resources and technical assistance on evidence-based strategies to increase the number and quality of environmental changes supportive of physical activity and healthy eating.</p> <p>This project provides training and technical assistance to coordinators from participating churches. Church coordinators are instrumental in creating action plans, completing Promoting Healthy Congregations Assessments and forming partnerships with outside organizations to leverage additional funding. Church coordinators also work to implement the following essential project elements with a small amount of grant funding: 1) Creation of fruit and vegetable mini-markets to provide fresh produce to church and surrounding community members; 2) Implementation of physical activity projects, such as walking clubs, organized exercise classes and/or sports leagues; 3) Adoption and promotion of organization-wide health policies, including one healthy eating policy and one physical activity policy. Participating churches also have the opportunity to partner with the Greening of Detroit, an urban gardening non-profit, to create low-cost church gardens.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Black Mothers Breastfeeding Association (BMBFA)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP001386-05
4. PPHF Funding Amount:	\$117,142.00
5. Subaward Purpose:	<p>The CDC Breastfeeding Supplemental Grant is supporting the BMBFA to provide training to healthcare professional who service pregnant and breastfeeding mothers and expand the number of community based sites in African American communities where pregnant and breastfeeding women can receive peer support group services, face-to-face counseling, phone counseling and resources to support breastfeeding. Services will be focused in areas of Michigan with underrepresented and underprivileged populations of African American families who receive limited, if any information and support for breastfeeding. This project will support systems within targeted communities that will provide ongoing access to breastfeeding support by providing a 3-day Breastfeeding Peer Counselor Course; expand existing breastfeeding club meetings; provide a 4-day breastfeeding peer counselor "train-the-trainer course"; and offer 2-day trainings on Cultural Competency in Breastfeeding in six locations statewide.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute (MPHI)
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001386-05
4. PPHF Funding Amount:	\$81,898.00
5. Subaward Purpose:	<p>The 805 Program Grant is funding the MPHI to enter into agreements as needed to support meetings, materials and trainings for the State Obesity Plan implementation advisory group and other partners and stakeholders supporting obesity prevention efforts as identified in the cooperative agreement work plan.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute (MPHI)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58DP001386-05
4. PPHF Funding Amount:	\$149,537.00
5. Subaward Purpose:	The CDC Breastfeeding Supplemental Grant is funding the MPHI to enter into agreements as needed to support meetings, materials and trainings for the partners and stakeholders supporting Breastfeeding prevention efforts as identified in the work plan.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Seven (7) Breastfeeding Coalitions
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001386-05
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	The CDC Breastfeeding Supplemental Grant is funding seven local breastfeeding coalitions to increase breastfeeding duration in underserved communities by improving access to resources and support for postpartum breastfeeding mothers. Each of the seven partnering coalitions will receive \$5000 to provide breastfeeding services and support. The coalition services supported by this grant include 1) The provision of walk-in locations for lactation expertise and support (baby cafés/drop-in centers); 2) Activities that systematically connect breastfeeding mothers to relevant resources within their communities (breastfeeding support groups) and; 3) Telephone based breastfeeding support (warm lines).

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Minnesota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$645,573.00
8. Award Number:	5U58DP001420-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	The Year 5 Minnesota Nutrition, Physical Activity and Obesity (NPAO) Cooperative Agreement will continue with an emphasis on environmental and systems change strategies outlined in the Minnesota Obesity Plan to improve opportunities for active living, healthy eating and healthy weight. Implementation of strategies will continue largely through Minnesota's Statewide Health Improvement Program (SHIP) and the new federal Community Transformation Grant (CTG). SHIP provides grants to local public health agencies and tribal governments to implement active living and healthy eating strategies. Using SHIP as a foundation for implementing strategies, CTG provides an additional focus on populations experiencing health inequities in Northern Minnesota and includes regional coordination of strategy implementation. This cooperative agreement relies heavily on state partnerships and leadership teams designed to advise, coordinate and implement state efforts across multiple state agencies.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Explore Minnesota Tourism
2. Subaward Date:	12/05/2012
3. Subaward Number:	5U58DP001420-05
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	To develop a public marketing campaign about bicycling safely. The goals of the Minnesota bicycling campaign include: <ul style="list-style-type: none"> o Collaborate with public and private organizations to create a unified bicycling campaign for Minnesota. o Increase awareness of bicycling for transit, leisure travel, recreation, health and safety. o Represent all bicycling options including riding on streets, roads, paths, and trails. o Create a bicycling campaign website.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Nebraska Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$725,753.00
8. Award Number:	5U58DP001473-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	[The Nebraska Nutrition and Activity for Health (NAFH) Program has three goals: 1) Building and improving local capacity to support nutrition, physical activity, and obesity initiatives, 2) Implementing and monitoring the Nebraska Physical Activity and Nutrition State Plan, and 3) Monitoring and evaluating programs and initiatives. The NAFH Program focuses on the following five priority areas: Healthy Communities Grants to Local Public Health Departments, Worksite Wellness, Healthy Child Care Initiative, Coordinated Chronic Disease and Prevention (CCDP), and the Nebraska Physical Activity and Nutrition (PAN) State Plan (branded as Partners N Health). To accomplish the goals and priorities, the role of the NAFH Program consists of convening both internal and external partners and identifying resources and priority efforts to educate and encourage systems and environmental changes supporting healthy eating, active living, breastfeeding, and obesity prevention.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$868,922.00
8. Award Number:	5U58DP001480-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	Iowa has received funding from Centers for Disease Control and Prevention (CDC) to implement an obesity prevention initiative focused on improving the nutrition and physical activity environment, allowing the healthy choice to be the easy choice for individual Iowans. Iowans Fit for Life employs evidenced-based and promising practice strategies using the structure of a state plan, the Iowans Fit for Life State Plan. The state plan serves as a road map for IDPH staff, partners, communities, and private organizations as we plan and implement nutrition and physical activity improvements across the state. The vision of Iowans Fit for Life is Iowans will enjoy balanced nutrition, lead physically active lives, and live in healthy communities. Iowans Fit for Life facilitates a partnership of over 400 Iowans interested in improving the nutrition and physical activity environment in the state. The partnership brings together professionals in public health, education, early childhood, agriculture, food systems, elder systems, health care, city/regional planners, worksites, and various community organizations to address the broader system. The partnership focuses on evidence-based or promising practices strategies as guided by the CDC.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Iowa Association of Regional Councils
2. Subaward Date:	July 1, 2012
3. Subaward Number:	3U58DP001480-05
4. PPHF Funding Amount:	\$84,750.00
5. Subaward Purpose:	The purpose of this contract is to create regional nutrition and physical activity networks that expand access to physical activity, fruits and vegetables. It is expected that the Iowa Association of Regional Councils will: <ol style="list-style-type: none"> 1. Have the capacity to organize quality regional networks. 2. Maintain and advance the delivery of essential services and core public health functions. 3. Build stronger relationships with community partners.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$776,304.00
8. Award Number:	5U58DP001482-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	The Division of Nutrition, Physical Activity, and Obesity (DNPAO) is using the PPHF funds to focus on environmental and systems approaches for healthy eating and active living. DNPAO works with partners at the state and local level by providing content expertise, technical assistance, evaluation, and surveillance support. Funding supports staff that provide content expertise for the priority areas of healthy eating, active living, evaluation and surveillance. DNPAO collaborates with strategic partners to implement the South Carolina State Obesity plan. Staff have been involved in the developed of guidance documents regarding numerous setting-specific strategies. Strategic partnerships are developed and maintained for shared planning, implementation and sustainability of program efforts. PPHF funds are used to conduct surveillance activities and monitoring of health indicators related to nutrition, physical activity and obesity. The DNPAO program develops materials, such as fact sheets and web resources to communicate this data. In addition, DNPAO staff provide support to enhance and address surveillance data gaps. DNPAO evaluation efforts include monitoring progress towards meeting objectives within the following: the annual implementation plan, the annual cooperative agreement work plan, and the state partnership. DNPAO continues to provide evaluation support to assess partnership dynamics among local chapters/coalitions of the SC Eat Smart Move More Coalition.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Carolina Eat Smart Move More
2. Subaward Date:	8/31/2012
3. Subaward Number:	3U58DP001482-05
4. PPHF Funding Amount:	\$119,790.00
5. Subaward Purpose:	Funds granted to the SC Eat Smart Move More Coalition (ESMMS) are used to support the SC DHEC DNPAO staff in coordinating policy and environmental strategies and associated best-and promising practices and strategies to create communities that are supportive of healthy eating and active living to address prevention of obesity and related chronic disease. ESMMS coordinates a statewide network of partners by providing a website to coordinate and communicate local coalition activity; disseminating the Options for Action framework to local partners; and providing staff support for an advocacy, training / education, communications, and community action committees.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Montana Department of Public Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$853,255.00
8. Award Number:	5U58DP001484-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	During the reporting period of July 1 to December 31, 2012, the Montana Department of Public Health and Human Services Nutrition and Physical Activity Program carried out significant activities in four main arenas: 1) supporting worksite wellness programs for physical activity promotion, nutrition standards and breastfeeding promotion at 14 large (over 250 employees) Montana worksites to reduce risks of chronic disease among employees and their families. 2) Assessed the need and interest among Montana's largest population centers related to active living/active transportation standards and identified each locality's technical assistance needs. 3) Supported six Montana delivery hospitals in the first phases of their pursuit of Baby-Friendly designation. 4) carried out significant data surveillance and program evaluation on existing program priorities. This targeted population-level work on systems change (worksite wellness, active living standards, breastfeeding promotion) is aimed at maximizing impact and reach at the least cost. The Affordable Care Act/Public Health Prevention Fund-funded activities support Montanans and those living in Indian Country in their self-determined pursuit of health in neighborhoods, communities, schools, worksites, parks, and hospitals/other institutional settings

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Montana State University Office of Rural Health & Area Health Education Center
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$227,604.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, MSU subaward staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan. These services reflect the guidance given to the Department by the CDC, Division of Nutrition, Physical Activity and Obesity (DNPAO). Use the NAPA workplan and detailed budget for 2012-2013 as a guide. Activities include: Maintain 2.75 FTE to staff the program; Work with 9-13 selected city-county health departments; Provide technical assistance to hospitals, local governments and other NAPA partners and communities (i.e. convening, site visits, training, assisting with evaluation for interventions, etc); Convene and/or co-sponsoring appropriate conferences and trainings; Conduct surveillance and evaluation as laid out in the Nutrition and Physical Activity Evaluation Plans. Participate in regular calls with the Department liaison.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Flathead City-County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Missoula City-County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Lewis & Clark City-County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Butte Silverbow Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gallatin County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Blaine County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pondera Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fergus County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Custer County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Yellowstone County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cascade Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Daniels County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Richland County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$15,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, county health department subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan to advance the population reach and impact of worksite wellness with Montana employers, active living and healthy eating, and breastfeeding promotion.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Wyoming on behalf of the Wyoming Survey and Analysis Center
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$21,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, the University of Wyoming subawardee staff completed the Montana Hospitals Breastfeeding Practices Survey of 32 birthing hospitals in Montana.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Arnold Agency
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, the Arnold Agency carried out significant website development and maintenance tasks, development of Nutrition and Physical Activity education and promotion materials for use by worksites, hospitals seeking or considering seeking Baby Friendly designation, local planners and interested citizens.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Linda Lee Consulting
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001484-05
4. PPHF Funding Amount:	\$46,000.00
5. Subaward Purpose:	During the reporting period of July 1 to December 31, 2012, Linda Lee subawardee staff provided obesity prevention services as outlined in the comprehensive Nutrition & Physical Activity work plan. These services adhered to guidance given to the Department by the CDC, Division of Nutrition, Physical Activity and Obesity (DNPAO) including facilitation and training services on the active communities initiative, statewide breastfeeding promotion and activities connected to the Nutrition and Physical Activity Program's work with Montana's critical access hospitals developing their community benefit plans. In addition, the subawardee developed educational materials regarding joint use of facilities for physical activity in small rural communities for presentation to interested hospital administrator, citizens and rural leaders.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	California State Department of Health Services – Chronic Disease
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,404,092.00
8. Award Number:	5U58DP001488-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>The California Obesity Prevention Program (COPP) has progressed on this year's Statewide Obesity Implementation Plan by gathering information for state-level obesity prevention activities and beginning to assess activities in the employer sector. The assessment data from these two sectors will be integrated into the draft Implementation Plan. Work continued on the Evaluation Plan with a meeting of key evaluation stakeholders in October. A draft Evaluation Plan will inform the Surveillance and Data Reporting Plan currently in development. Coordination work continues for California's seven community grantees. Staff has provided technical assistance and grants management to these grantees. Grantees have supplied regular program updates on a monthly basis to the Program Coordinator. Grantees activities ranged from promoting nutrition standards at facilities city-wide (City of Rancho Cucamonga), to promoting a video that highlights promising practices for improved physical education in schools (San Francisco County) to modifying traffic signal timing and turn lane placement to improve safety for bicyclists (Shasta County). The program also was impacted by loss of co-lead Evaluation Coordinator Karen Black who took another position; attempts will be made to fill her position to assist with completion of deliverables and close-out of the grant. Program staff has also been closely involved in launching the Breastfeeding Supplemental grant with activities ranging from selecting clinic grantees to executing contracts to coordinating the evaluation and kick-off effort. During this reporting period, COPP received \$673,694 in supplemental obesity prevention program funds to increase breastfeeding duration rates in California's communities of color. This will be accomplished by enhancing the capacity of community safety-net health clinics that offer direct health care services to provide professional breastfeeding support to mothers after they return home from the hospital. Through a competitive Request for Application process, COPP selected fifteen community clinics serving families in high risk ethnic groups and communities that have chronically low breastfeeding duration rates to:</p> <ol style="list-style-type: none"> 1) Participate in a statewide collaborative to develop model policies that will be used to designate a community clinic as "Breastfeeding Friendly Certified;" 2) Improve staff skills in lactation support and in billing Medicaid for pumps and other lactation support services through training and technical assistance to the recipient clinics; 3) Disseminate the materials developed through the collaboration and pilot testing of the policies and billing process. <p>COPP also selected the California Breastfeeding Coalition and the California WIC Association to provide additional infrastructure support, direct support and technical assistance on this breastfeeding supplemental funding project.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,591,490.00
8. Award Number:	5U58DP001491-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	The Nutrition, Physical Activity and Obesity Prevention Program (NPAO) works with state agencies, non-governmental organizations and local entities to change systems and environments resulting in healthier eating and more active living. NPAO's focus areas include: Healthy Communities, Healthy Tribes and Urban Indian Communities, Early Learning and Obesity Prevention, Active Community Environments, Breastfeeding (including a supplemental grant from CDC), Access to Healthy Foods, Healthy Food Systems, Health and Productivity, and Safe Routes to Schools. NPAO works with the University of Washington to publish the Partners in Action newsletter and website to educate partners about Nutrition and Physical Activity State Plan. Between July 2012 and December 2012, NPAO staff and partners completed many activities and had several successes. At the state level in the first two quarters, NPAO worked with the Department of Commerce to insert public health language into the state's Transportation Element Guidebook, which provides guidance for cities to develop their comprehensive plans. NPAO provided technical assistance to the Department of Early Learning on licensing guidelines for school based child care centers, which resulted in more alignment with best practices for screentime, nutrition and physical activity in the new draft licensing guidelines. NPAO also worked with Department of Health leadership to launch the first meeting of the State Food Systems Roundtable with 35 attendees representing different aspects of the food system, which strives to create a 25 year vision for Washington's food system. NPAO has also seen many accomplishments at the local level. For example, NPAO provided funds and technical assistance to a local Regional Transportation Planning Office to implement a Complete Streets systems change that will improve built environment in cities and counties in the whole region. This might be the first example of this in the country. To build healthy food systems, NPAO established contracts with and provided technical assistance for two local food councils to make eating environments in their communities healthier. The councils prioritized activities to work on in the second half of the year. In the Healthy Communities Program, communities continue to work on developing and implementing action plans including Safe Routes to School, school food and beverage environments, comprehensive plans, trails development, community gardens, worksites and healthier food banks. For the Breastfeeding Supplemental project, NPAO established contracts with the Breastfeeding Coalition of Washington (WithinReach) and University of Washington (UW). NPAO led creation of selection criteria for Community Health Clinics (CHCs), provided input on a draft evaluation plan, initiated the contracts process for choosing CHC's, and provided input on a draft Ten Best Practices for Provider-Based Breastfeeding Support document.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Washington
2. Subaward Date:	08/31/2012
3. Subaward Number:	5U58DP001491-05
4. PPHF Funding Amount:	\$145,000.00
5. Subaward Purpose:	The University of Washington (UW) made great strides in the Early Learning and Obesity project in the first two quarters. They brought together a group to help develop educational briefs on incorporating obesity prevention into state procedures and licensing guidelines related to early learning. UW staff became qualified to provide accredited online trainings through Washington State Department of Early Learning's Managed Education and Registry Information Tool (MERIT) system. This allows staff to provide trainings that provide credits for child care workers. UW participated on an Early Learning and Obesity Workgroup to network to be a resource on the best practices in nutrition, physical activity, screen time, and breastfeeding and licensing guidelines. UW has connected with the national Let's Move Childcare initiative to ensure training materials are in line with national materials. UW also published two Partners in Action Newsletters sent to over 700 partners of the Nutrition and Physical Activity State Plan. For the Breastfeeding Supplemental funds, UW developed a draft evaluation tool and is working to create an on-line entry system for the clinics.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Washington State Department of Transportation
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58DP001491-05
4. PPHF Funding Amount:	\$25,750.00
5. Subaward Purpose:	Washington State Department of Transportation (WSDOT) provided technical assistance to communities to implement complete streets and Safe Routes to School. WSDOT also conducted 2 webinars with Department of Health on Safe Routes to School and Complete Streets. WSDOT administered 2 subcontracts with the funds provided by Department of Health. One contract is with Spokane Regional Transportation Office (RTPO) to develop systems changes and a Complete Streets priority checklist. Spokane RTPO has been successful in developing the checklist and implementing systems changes. The other contract is with Klickitat Health Department to develop a comprehensive Safe Routes to Schools Program and develop capacity with community partners to address Complete Streets. Klickitat was successful in gaining a high amount of community support for the project and made several environmental changes to make getting to and from school safer. Klickitat completed an Active Community Environment assessment in the cities of White Salmon, Bingen and Goldendale. The results of the assessment were shared with community partners.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	WithinReach
2. Subaward Date:	12/15/2012
3. Subaward Number:	5U58DP001491-05
4. PPHF Funding Amount:	\$147,500.00
5. Subaward Purpose:	WithinReach is the home of the Breastfeeding Coalition of Washington (BCW). The BCW has coordinated the monthly Breastfeeding Advisory Committee meetings. They researched and developed a Ten Best Practices for Healthcare Providers document to guide the Community Health Clinics in their work to improve breastfeeding success. WithinReach's BCW participated in developing the application packet to recruit 10 clinics for the project. They have also contributed to developing the evaluation process for the project. A project coordinator for the Healthcare Provider/Community Health Care project has been hired. She is being trained and will start working with the clinics soon. For the Hospital Breastfeeding project, WithinReach's BCW has hosted 2 webinars on system and environmental changes to support breastfeeding. The next webinar is schedule in March 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	Wisconsin Department of Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$835,456.00
8. Award Number:	5U58DP001494-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	<p>The Wisconsin Nutrition, Physical Activity and Obesity Program will sustain and expand the statewide capacity to implement population-based strategies to improve health behaviors such as breastfeeding, nutrition and physical activity as well as rates of overweight and obesity. The overall program goals include: strengthening and sustaining the statewide infrastructure, developing and maintaining a network of state and local partners, releasing a revised State Plan, implementing the State Plan, monitoring the burden of obesity, evaluating the Program and State Plan and reducing disparities.</p> <p>The Program's efforts will primarily focus on environmental and systems changes in early care and education, schools, communities, and worksites. Working in these settings will allow the Program to reach large numbers of children, adolescents and adults. The Wisconsin Partnership for Activity and Nutrition (WI PAN) will work with the Program to provide statewide leadership for the implementation of the Wisconsin Nutrition and Physical Activity State Plan.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bayfield County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fort HealthCare
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Friends of Hank Aaron Trail
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05

4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jackson County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Lincoln County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oneida County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Pierce County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00

5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Taylor County Health Department
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Wisconsin - Whitewater
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Upland Hills Health
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Waupaca County Health and Human Services
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$12,000.00

5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. This community is also mentoring other communities on the use of the tool and data collection methods. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Waushara County Public Health
2. Subaward Date:	10/16/2012
3. Subaward Number:	5U58DP001494-05
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>The community was funded by the Nutrition, Physical Activity and Obesity Program as part of the Wisconsin CHANGE for Healthy Communities project. During this period the communities attended an orientation training and monthly webinars sponsored by the NPAO Program. Communities also began partner engagement and data collection activities. The Community Health Assessment and Group Evaluation (CHANGE) is a data-collection, coalition building and planning resource for coalitions and other community partnerships who want to make their community a healthier place to live, work, learn and play. The CHANGE Tool was developed by CDC's Healthy Communities Program to help gather and organize information on indicators related to built and social environments that support healthy eating, active living, and chronic disease management. The CHANGE tool helps community teams develop a community action plan after collecting and prioritizing information from multiple settings in the community.</p> <p>Grantee deliverables include:</p> <ul style="list-style-type: none"> • Participate in Trainings & Teleconferences • Assemble a Community Team and Develop a Team Strategy for Collecting and Analyzing Data • Use the CHANGE Tool in all Sectors and Create a CHANGE Summary Statement • Media Outreach to Share Findings • Develop a Community Action Plan based on CHANGE

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Nutrition, Physical Activity, and Obesity (NPAO) State Programs
3. Award Title:	State Nutrition, Physical Activity, and Obesity Programs
4. Recipient Name:	North Carolina State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$972,749.00
8. Award Number:	5U58DP001498-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.548
11. Summary of Activities:	The purpose of this award is to improve healthful eating and physical activity in order to prevent and control obesity and other chronic diseases. It was awarded to the North Carolina Division of Public Health's Physical Activity and Nutrition (PAN) Branch. The branch works to reverse the rising tide of obesity and chronic disease among North Carolinians by helping them eat smart, move more, and achieve a healthy weight. Activities undertaken during the reporting period fall into five categories: active living, healthy communities, healthy eating, surveillance/data, and communications. Active living: 1) Spearheaded joint use and comprehensive planning efforts in concert with North Carolina's Community Transformation Grant (CTG). 2) Worked on efforts across the state to make safe, accessible places where people can be physically active. 3) Represented the North Carolina Division of Public Health on North Carolina's Healthy Environments Collaborative. Other members include North Carolina's Department of Environment and Natural Resources, Department of Transportation, and Department of Commerce. 4) Leveraged partnership with Department of Transportation to obtain funds for Safe Routes to School. Healthy communities: 1) Provided administration, oversight, and technical assistance to federal, state, and privately funded community initiatives across the state with a particular focus on evidence-based interventions. 2) Evaluated community grants, captured success stories, and shared findings. 3) Pursued additional federal, state, and private funding opportunities for community grants. Healthy eating: 1) Implemented and analyzed the 2012 NC Fruit and Vegetable Outlet Inventory in collaboration with CTG. 2) Promoted and built the capacity of evidence-based healthy eating initiatives across the state with particular focus on making fruits and vegetables more easily accessed via corner stores and farmers' markets. 3) Worked towards systems change that promotes healthy eating. 4) Built the capacity of initiatives to promote and facilitate breastfeeding. Surveillance/data: 1) Reported programmatic activities to CDC. 2) Collected physical activity and nutrition related data on statewide surveillance systems and made results available to stakeholders via fact sheets, reports and technical assistance. 3) Planned evaluation and surveillance strategies for branch projects, analyzed project data, and captured related success stories. Communications: 1) Implemented Maintain, Don't Gain Holiday Challenge for individuals inside and outside of North Carolina. The Holiday Challenge was comprised of e-mailed newsletters and daily tips, recipe and advice blogs, and tools to track weight. 2) Coordinated the release of print, radio and television advertisements for the Eat Smart, Move More NC movement intended to promote healthy eating and physical activity among individuals across North Carolina.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cabarrus Health Alliance
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$50,456.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Catawba County Public Health Department
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$28,624.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Cleveland County Health Department
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$32,600.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Henderson County Department of Public Health
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$25,088.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jackson County Department of Public Health
2. Subaward Date:	12/01/2012

3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$36,064.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Orange County Health Department
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$38,000.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Rowan County Health Department
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	No report to date

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Toe River District Health Department
2. Subaward Date:	12/01/2012
3. Subaward Number:	5U58DP001498-05
4. PPHF Funding Amount:	\$26,568.00
5. Subaward Purpose:	No report to date

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Management Consulting and Technical Assistance
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,255,795.86
8. Award Number:	200-2009-28537-0075
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Centers for Disease Control and Prevention's Office for State, Tribal, Local and Territorial Support (OSTLTS) supports the achievement of a healthier population and a strengthened public health system by building capacity in state, tribal, local and territorial (STLT) public health infrastructure and practice, resource and asset management, performance and accountability, workforce development and shared leadership to improve public health outcomes. OSTLTS also supports cross-agency activities and efforts to improve public health at the STLT levels by building capacity in STLT public health infrastructure and practice, resource and asset management, performance and accountability, workforce development and shared leadership to improve public health outcomes. Approximately 70% of CDC's budget supports extramural activities, with much of this provided in direct support of STLT public health programs. To ensure that CDC effectively supports these programs, OSTLTS provides strategic direction and oversight for CDC's investment in STLT public health agencies. This requires additional technical assistance and support in the in the areas of planning, organizational development, program and project management, program assessment and evaluation, strategic and tactical planning efforts, management oversight and operational improvements. Under this task order, technical assistance and support services for management and consultation activities include the following:</p> <ol style="list-style-type: none"> 1. Communication support in planning, developing, implementing, and evaluating OSTLTS communication marketing plans/strategies, products, and activities 2. Developing and fostering partnerships and provide them with issues management and operational support 3. Advancing the strategic direction of OSTLTS by engaging staff and partners through team alignment, goal clarification, and collaborative work structures to leverage limited organizational resources 4. Developing internal capacity support for newly formed offices and teams within OSTLTS to enable effective program management 5. Improve the capacity and performance of the public health system to identify gaps and opportunities for collaboration 6. Providing technical assistance and grants management support for quality improvement (QI) activities that enhance state, local, territorial and tribal QI and accreditation efforts 7. Providing technical assistance and program management to link field-based personnel, fellows and project officers with training, technical support and coordination, and 8. Supporting knowledge management activities that enhance learning and collaboration across the public health enterprise, including with STLT health officials, clinical liaisons, and community partners 9. Providing conference and meeting coordination and logistics support.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Deloitte Consulting LLP
2. Subaward Date:	November 2, 2012
3. Subaward Number:	200-2009-28537-0075 , CCI 3002-075
4. PPHF Funding Amount:	\$1,534,361.48
5. Subaward Purpose:	The purpose of this sub-award is to provide additional technical assistance and support in the in the areas of planning, organizational development, program and project management, program assessment and evaluation, strategic and tactical planning efforts, management oversight and operational improvement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	McKing Consulting Corporation
2. Subaward Date:	September 23, 2012
3. Subaward Number:	200-2009-28537-0075 , CCI 3002-075
4. PPHF Funding Amount:	\$460,224.00
5. Subaward Purpose:	The purpose of this sub-award is to provide additional technical assistance and support in the in the areas of planning, organizational development, health communication and operational improvement.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Business, Logistical and Administrative Support Services
4. Recipient Name:	McNeal Professional Services, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$395,948.00
8. Award Number:	200-2012-F-52127
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Secretary II - Technical, Operational and Professional Services. Administrative Assistant - Technical, Operational, and Professional Services, Transcriber - Technical, Operational, and Professional Services.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	Council of State and Territorial Epidemiologists
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,578,517.00
8. Award Number:	3U38HM000414-Q5W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>With Affordable Care Act Capacity Building Assistance funding, CSTE strengthened the epidemiologic and informatics capacity and the workforce in applied epidemiology and informatics at the state and local level utilizing our national fellowship training programs, the CDC/CSTE Applied Epidemiology Fellowship program and Applied Informatics Fellowship Program (APHIF). CSTE, in collaboration with CDC, the Association of Schools of Public Health, ASTHO and PHII established the two training programs to give recent graduates from schools of public health advanced training opportunities and preparation for successful careers as state or local epidemiologists and informaticians. These programs address critical shortages by placing epidemiology and informaticians in public health agencies under the mentorship of senior epidemiologists. The programs fill a unique training niche by:</p> <ul style="list-style-type: none"> • Offering on-the-job training in epidemiology at a state or local health department through a mentorship model. • Gearing the training toward persons who are recruited for their interest in the practice of public health across various domains. • Offering individualized, activity and competency-based training according to the needs of each fellow and objectives for workforce development in a program area or geographic location. • Encouraging long-term job placement for participants in a state or local health department. <p>The project has successfully achieved outcomes that include:</p> <ul style="list-style-type: none"> • Recruited and accepted host site applications for state, local, and tribal health agencies as potential fellowship placements. • Provided a capacity building resource to health agencies by recruiting and placing 23 masters and doctoral level epidemiologists and informaticians in 21 state and local health departments for fellowship assignments. • Fellows were integrated into the host health agency and provided epidemiologic, surveillance and informatics support while receiving competency based training. • Provided administrative support and monitored the progress of fellowship assignments. <p>The CDC/CSTE Applied Epidemiology Fellowship Program is a capacity building program aimed at increasing the epidemiology workforce in state, local, territorial and tribal agencies. The CSTE's detailed alumni records track the career placement and progression of the graduates. Eight classes (138 Fellows) have completed the program. To date, 67% of Fellows who have completed the Fellowship Program remain in state, local and federal health agencies working as epidemiologists. 10% of the program graduates are completing doctoral degrees in epidemiology and are expected to re-enter applied public health at the STLT health agency upon completion of their graduate programs. The remaining graduates are pursuing careers in academia (9%) and working in the private and/or non-profit sector (13%).</p> <p>Retention information is not available for APHIF as the pilot year is not yet complete.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Rachelle, Boulton
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-Q5W1
4. PPHF Funding Amount:	\$4,236.80
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Joanna Eavey
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-Q5W1
4. PPHF Funding Amount:	\$4,846.40
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Amanda Goodin
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-Q5W1
4. PPHF Funding Amount:	\$6,065.60
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jennifer Grinsdale
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-Q5W1
4. PPHF Funding Amount:	\$4,846.40

5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Erin Holt
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$4,236.80
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Robbie Madera
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$2,368.00
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Timothy Powell
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$4,846.40
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	David Swenson
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$4,236.80
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Bradley Tompkins
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$4,236.80
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Timothy Wilson
2. Subaward Date:	11/29/2012
3. Subaward Number:	3U38HM000414-05W1
4. PPHF Funding Amount:	\$4,236.80
5. Subaward Purpose:	To improve public health informatics capacity in state and local health departments, CSTE sponsored 10 applied epidemiologists to receive distance-based training through the University of Illinois at Chicago's online Public Health Informatics Certificate program.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	National Association of County and City Health Officials
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,688,139.00
8. Award Number:	3U38HM000449-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mayor and City Council of Baltimore
2. Subaward Date:	12/22/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Produce a community health assessment, community health improvement plan and strategic plan and provision of technical assistance to a neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Boston Public Health Commission
2. Subaward Date:	12/27/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Conduct a comprehensive accreditation readiness assessment, develop a roadmap for accreditation and provide technical assistance to a neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Columbus Public Health
2. Subaward Date:	12/13/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Produce a workforce development plan, training curriculum plan and quality improvement plan and provide technical assistance to a neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Denver Health and Hospital Authority
2. Subaward Date:	12/21/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Develop a performance management system and quality improvement plan and provide technical assistance to a neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of El Paso Department of Public Health
2. Subaward Date:	12/12/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Produce a community health assessment and improvement plan, a workforce development plan and produce a roadmap for accreditation, and provide technical assistance to a neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Multnomah County Health Department
2. Subaward Date:	12/27/2012
3. Subaward Number:	3U38HM000449-05W1

4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Produce a quality improvement plan, and provide technical assistance to neighboring local health departments.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Orange County Health Care Agency
2. Subaward Date:	12/22/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Conduct a community health assessment using the MAPP framework, develop a quality improvement plan and conduct training for agency staff on quality improvement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Salt Lake Valley Health Department
2. Subaward Date:	12/13/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Produce a community health improvement plan and agency strategic plan and submit an application for accreditation.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Public Health--Seattle and King County
2. Subaward Date:	12/27/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$65,000.00
5. Subaward Purpose:	Produce a workforce development plan and provide technical assistance to neighboring health department.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Amanda Turowski
2. Subaward Date:	12/1/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$98,000.00
5. Subaward Purpose:	<ul style="list-style-type: none"> • Assist in the development of special OSTLTS projects related to the US Insular Areas by carrying out research and interviews as well as drafting guidelines and recommendations documents. • Research and develop tools that would assist Insular Area public health leadership in identifying new funding opportunities as well as taking better advantage of existing opportunities. • Help coordinate public health training and technical assistance to the US Insular Areas • Provide coordination, preparation, documentation, and tracking of action items for meetings related to the US Insular areas. • Strengthen linkages with academic institutions in Hawaii and the Pacific Region to improve recruitment for CDC fellowship programs as well as work with the Insular Areas to increase demand for CDC fellows and build public health workforce capacity in the region

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Monroe County Health Department
2. Subaward Date:	10/10/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	<ul style="list-style-type: none"> o Completion of a MAPP Training by 1 lead staff person o Use one Community Guide evidenced based recommendation in the planning of a tobacco control intervention o Complete one case study of the Community Guide recommendation used, and the MAPP strategy that influenced the planning of the intervention, following the format provided by NACCHO o Participate in NACCHO Community Guide Demo Site evaluation activities with vendor TCC Group and NACCHO staff o Assign one staff person as designated lead/liaison to NACCHO on the demo project o Complete progress reports and other reporting requirements as requested o Develop and produce targeted marketing materials encouraging a smoke-free environment in the local jurisdiction o Complete the drafting of one local tobacco control ordinance; board/hearing agenda; community assessment findings, and coalition meeting minutes o Complete one fact sheet on LHD perspective on community guide recommendation implementation; format to be provide by NACCHO o Complete NACCHO 2013 model practice application

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Catawba County Health Department
2. Subaward Date:	10/10/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	<ul style="list-style-type: none"> o Complete an action plan proposing methods for integrating Community Guide findings into existing LHD efforts o Submit one NACCHO Model Practice application proposing implementation of the Community Guide Integration Action Plan o Complete monthly progress reports and carry out other reporting requirements o Designate 1 lead staff person for the project o Complete one case study describing successes and challenges integrating Community Guide recommendations into LHD efforts following the format provided by NACCHO o Submit one NACCHO Annual presentation abstract or poster summarizing lessons learned from participation in the Community Guide Capacity Building project o Use funds to support the travel of one (1) staff person to NACCHO Annual o Complete designated NACCHO Community Guide Demo Site evaluation surveys, interviews, and other required reports as part of participation in evaluation activities

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TCC Group, Inc./Evaluation Consultants
2. Subaward Date:	9/1/2012
3. Subaward Number:	3U38HM000449-05W1
4. PPHF Funding Amount:	\$30,400.00
5. Subaward Purpose:	oProvide a formative and qualitative evaluation of NACCHO's demonstration sites assessing the capacities to implement evidenced-based public health practices-Community Guide and the technical assistance provided to the sites.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	Association of State and Territorial Health officials
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,276,864.00
8. Award Number:	3U38HM000454-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>The Association of State and Territorial Health Officials (ASTHO) has undertaken several projects under this award. Through continued collaborative partnerships, ASTHO has provided coordinated capacity building assistance to National Public Health Improvement Initiative (NPHII) grantees on accreditation readiness and initiated beta-testing of a return on investment quality improvement tool. This targeted, individually-tailored technical assistance is designed so that we can meet the grantees at their current level of readiness and help them get to the next level. ASTHO also communicated to the grantees important context derived from our work with their peers and our national partners.</p> <p>ASTHO provided public health training and education to prepare the health workforce to meet public health challenges of the 21st century. ASTHO started development of scripts for learning modules to be produced and delivered by CDC in e-learning format. In addition, ASTHO is supporting the development, expansion, marketing, promotion, and value of PHConnect, CDC TRAIN, and the CDC Learning Connection.</p> <p>ASTHO has partnered with other organizations to fully incorporate evidence-based practices from The Community Guide into strategies to inform existing and new state health policy. ASTHO has provided technical assistance to state health agencies on priority topic areas specific to the recommendations of The Community Guide.</p> <p>To increase public health informatics capacity at the state and local level, ASTHO has worked on a year-long fellowship program which will place highly qualified master's and doctorate level students in state and local health departments to work on a variety of public health informatics projects.</p> <p>ASTHO has also supported state and territorial health officials in their efforts to enhance state and territorial infectious disease program capacity to move toward elimination of healthcare associated infections.</p> <p>ASTHO has started work on developing a five-year report on its Environmental Public Health Tracking (EPHT) Peer-to-Peer Fellowship Program. The report will provide readers with an overview of the program's history, mission, goals, and accomplishments since its launch.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	American Public Health Association
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	3U38HM000459-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>ACA NPHII & Tracking Activities for October 2012 – December 2012</p> <p>APHA's efforts through the National Public Health Improvement Initiative (NPHII) aim to improve the effectiveness and efficiency of State, Territorial, Local and Tribal (STLT) health departments by their capacity to adapt, implement and evaluate strategies from the field in the area of public health policy and law. To achieve this goal, APHA has provided technical assistance to NPHII grantees as well as developed and disseminated capacity building resources such as case studies, implementation guides, and webinars.</p> <p>APHA made progress towards these goals through the following activities:</p> <ul style="list-style-type: none"> • Conducted a webinar on local examples of cross-sectoral collaboration to improve population health. The webinar garnered over 300 participants and an 85% satisfaction rate from survey respondents. • Produced three scientific sessions highlighting promising practices of health department efforts to use policy for population health improvement at the APHA Annual Meeting. • Prepared a compendium of tools and resources to assist the New Mexico health department in examining the state-level impacts of the Affordable Care Act (ACA) on its public health system. • Facilitated the provision of policy training by the Network for Public Health Law to the Navajo Nation. Topics for the training included: basic policy development; the difference between policy, code, statute, and law; and PHAB standards on policies and public health laws (domains 5 & 6). • Finalized case studies exploring effective policy strategies employed by state, local and tribal health systems. • Invited and finalized membership of an advisory committee to develop actionable recommendations to support public health leaders and practitioners as they respond to the health insurance and delivery system changes under the of the ACA. <p>The goals of the APHA environmental public health tracking work are to: (1) Increase public health professionals' use of the Environmental Public Health Tracking Network; (2) Promote the use of tracking program data, tools and resources to develop evidence based strategies and interventions; and (3) Enhance the capacity of the Tracking Network grantees to communicate with decision makers about the value of the tracking Network.</p> <p>APHA furthered these goals through the following activities:</p> <ul style="list-style-type: none"> • Completion of the Tracking Network Decision Maker Toolbox. This toolbox provides a variety of materials and tools for grantees to utilize as they communicate with decision makers about the value of the Tracking Network. • Presentation and training of the Decision Makers Toolbox via webinar to the PMO, state grantees. • Participation in quarterly PMO, state grantee calls. • Sponsorship of a CDC's Tracking Network booth at the APHA Annual Meeting to further engage with public health professionals.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	National Association of Local Boards of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$148,904.00
8. Award Number:	3U38HM000512-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>The National Association of Local Boards of Health (NALBOH) informs, guides, and is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to help them fulfill the public health governance functions in their states and communities.</p> <p>This project targets boards of health and other public health governing entities to provide technical assistance and tailored education and training on the value, adoption, and use of evidence-based approaches, in general, and the findings and recommendations of The Community Guide in addressing their public health goals. NALBOH is committed to working with CDC and its other key national partners to incorporate the use of evidence-based approaches into competency development, capacity measurement, and performance programs including the National Public Health Performance Standards and public health accreditation.</p> <p>The project period began on September 30, 2012 and NALBOH has accomplished the following activities during the reporting period:</p> <ul style="list-style-type: none"> • Tailored information about The Community Guide and evidence-based practices for six (6) electronic publications and one (1) print publication and disseminated each to boards of health and other public health governance entities. • Conducted a presentation to educate board of health members about using The Community Guide at a state level education and training program. • Assisted in recruitment and selected boards of health to participate in The Community Guide mentorship programs in Michigan, Missouri, and North Carolina. • Developed and printed 1,000 copies of the Boards of Health Addressing Motor Vehicle Injury Through The Community Guide factsheet for future distribution. • Discussed the latest recommendation from The Community Guide with leaders of State Associations of Local Boards of Health during their regular quarterly conference call.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	James Butler & Associates
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$6,000.00
5. Subaward Purpose:	The consultant will work with four (4) boards of health in Michigan to promote the benefits and uses of The Community Guide and evidence-based approaches to increase board of health capacity to implement related programs, services, and policies. During the current reporting period, the consultant has identified four (4) boards of health to work with in Michigan. As the project is in the very early stages, no funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Beverly Triana-Tremain
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$6,000.00
5. Subaward Purpose:	The consultant will work with two (2) boards of health in Missouri to promote the benefits and uses of The Community Guide and evidence-based approaches to increase board of health capacity to implement related programs, services, and policies. During the current reporting period, the consultant has identified two (2) boards of health to work with in Missouri. As the project is in the very early stages, no funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Teme Levbarq
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$6,000.00
5. Subaward Purpose:	The consultant will work with four (4) boards of health in North Carolina to promote the benefits and uses of The Community Guide and evidence-based approaches to increase board of health capacity to implement related programs, services, and policies. During the current reporting period, the consultant has identified four (4) boards of health to work with in North Carolina. As the project is in the very early stages, no funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mid-Michigan Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Michigan Consultant to incorporate evidence-based findings from The Community Guide into a draft community health improvement plan (CHIP) and/or strategic plan. The entire board of health, along with the health officer, will draft a CHIP and/or strategic plan based upon community health assessment (CHA) results and strive to incorporate evidence-based findings as often as possible. During the current reporting period, the Mid-Michigan Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northwest Michigan Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Michigan Consultant to incorporate evidence-based findings from The Community Guide into a draft community health improvement plan (CHIP) and/or strategic plan. The entire board of health, along with the health officer, will draft a CHIP and/or strategic plan based upon community health assessment (CHA) results and strive to incorporate evidence-based findings as often as possible. During the current reporting period, the Northwest Michigan Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central Michigan Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Michigan Consultant to incorporate evidence-based findings from The Community Guide into a draft community health improvement plan (CHIP) and/or strategic plan. The entire board of health, along with the health officer, will draft a CHIP and/or strategic plan based upon community health assessment (CHA) results and strive to incorporate evidence-based findings as often as possible. During the current reporting period, the Central Michigan Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	District Health Department #10
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Michigan Consultant to incorporate evidence-based findings from The Community Guide into a draft community health improvement plan (CHIP) and/or strategic plan. The entire board of health, along with the health officer, will draft a CHIP and/or strategic plan based upon community health assessment (CHA) results and strive to incorporate evidence-based findings as often as possible. During the current reporting period, the District Health Department #10 has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Webster County Health Unit
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Missouri Consultant on the process of using The Community Guide findings and recommendations to improve a specific County Health Ranking by working to incorporate The Community Guide recommendations into a health agency and/or communitywide policy. During the current reporting period, the Webster County Health Unit has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Dallas County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will work with the Missouri Consultant on the process of using The Community Guide findings and recommendations to improve a specific County Health Ranking by working to incorporate The Community Guide recommendations into a health agency and/or communitywide policy. During the current reporting period, the Dallas County Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Durham County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will receive training from the North Carolina Consultant and will then present to one (1) neighboring county or district board of health on how the health department and board of health can use The Community Guide to improve community health outcomes. During the current reporting period, the Durham County Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alamance County Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will receive training from the North Carolina Consultant and will then present to one (1) neighboring county or district board of health on how the health department and board of health can use The Community Guide to improve community health outcomes. During the current reporting period, the Alamance County Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Chatham County Health Department
2. Subaward Date:	09/30/2012

3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will receive training from the North Carolina Consultant and will then present to one (1) neighboring county or district board of health on how the health department and board of health can use The Community Guide to improve community health outcomes. During the current reporting period, the Chatham County Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Granville-Vance District Health Department
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$1,500.00
5. Subaward Purpose:	The mini-grant recipient will receive training from the North Carolina Consultant and will then present to one (1) neighboring county or district board of health on how the health department and board of health can use The Community Guide to improve community health outcomes. During the current reporting period, the Granville-Vance District Health Department has agreed to participate in the project. No funds have yet been distributed to the sub-recipient.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Ned Baker
2. Subaward Date:	09/30/2012
3. Subaward Number:	3U38HM000512-05W1
4. PPHF Funding Amount:	\$8,400.00
5. Subaward Purpose:	The consultant provides education and technical assistance to facilitate training and presentations relating to evidence-based approaches including The Community Guide for state affiliate associations. During the current reporting period, the consultant facilitated the discussion of the latest recommendations from The Community Guide during a meeting with the leaders of the state affiliate associations of boards of health. The consultant also coordinated a presentation to educate board of health members about using The Community Guide at a state affiliate training program. For these services rendered, the consultant has received \$2,165.10.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	Public Health Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$833,446.00
8. Award Number:	3U38HM000518-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>The overall goal of this initiative is to support the provision of capacity building assistance (CBA) to state, tribal, local, and territorial (STLT) health departments that ensures successful adoption of best and promising practices to address key areas of public health infrastructure investments. CBA being provided by the Public Health Foundation (PHF) is improving the quality, performance, and outcomes of STLT health department programs and practices.</p> <p>Through this initiative, PHF is engaged in the following activity areas:</p> <ul style="list-style-type: none"> • Providing CBA to STLT health departments in the areas of performance management, quality improvement, and workforce development through direct onsite consultation and training, development of tools and resources, and identification of promising practices. • Utilizing and expanding upon existing e-learning technology and services to provide high-quality learning resources, and make them readily available to the STLT public health workforce by creating a CDC TRAIN learning portal, building an online course rating system, and enhancing STLT health department capacity and know-how to identify and address STLT health department training needs. • Developing and undertaking targeted and tailored training for STLT health department staff and their partners on the value, adoption, and use of evidence-based approaches, in general, and The Community Guide specifically. • Developing, producing, and disseminating targeted communication products for STLT health departments and other users that promote awareness, adoption and use of findings and recommendations outlined in The Community Guide.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wallace Consulting LLC
2. Subaward Date:	10/01/2012
3. Subaward Number:	3U38HM000518-05W1
4. PPHF Funding Amount:	\$46,200.00
5. Subaward Purpose:	John W. (Jack) Moran of Wallace Consulting is Senior Quality Advisor to the Public Health Foundation (PHF). In this role, Dr. Moran has several responsibilities within our NPHII workplan. First, he provides guidance, training and oversight to other consultants who provide onsite and remote technical assistance (TA) to NPHII grantees on PHF's behalf. Second, he develops and delivers onsite TA (including senior leadership team workshops, train-the-trainer workshops, and project facilitation meetings). Third, he creates and facilitates sessions for national meetings and webinars. Fourth, he develops and pilots content for new courses to meet grantee TA needs. Fifth, he is a member of the Think Tank that is guiding the Turning Point Performance Management refresh activities. Finally, he contributes to the development of deliverables to expand the library of QI tools and resources available to grantees.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	National Network of Public Health Institutes
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,024,624.00
8. Award Number:	3U38HM000520-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	<p>The National Network of Public Health Institutes (NNPHI) collaborates with CDC, national partners and public health institutes throughout the nation to strengthen public health infrastructure and performance by implementing the following four projects funded by this award:</p> <ol style="list-style-type: none"> 1. Building capacity to promote and use evidence in the Guide for Community Preventive Services - Activities for this project during this funding period include the following: develop a call for proposals to identify public health institutes to: promote the adoption and use of evidenced-based public health strategies from the Community Guide to address local public health needs as identified through community health assessment and improvement planning processes; support communities ranked in the bottom third of the county health rankings to use the Community Guide to address local priorities; collaborate with NNPHI and the Association of State and Territorial Health Officials (ASTHO) to identify public health institute/state health department partnerships to implement a strategy from the Community Guide that addresses local needs. NNPHI also collaborates with CDC to provide coordination support to national Community Guide partners. 2. Evaluating the National Public Health Improvement Initiative (NPHII) – Activities for this project during this funding period include the continued development of plans, protocols and instruments to assess the extent to which NPHII awardees have achieved outcomes associated with accreditation readiness, increased efficiency and effectiveness through quality improvement, and increased performance management capacity. Data collected through the evaluation activities, including the Annual Assessment of Performance Management and Improvement Practices, have been used to inform programmatic improvements and demonstrate awardee achievements. NNPHI is also working with CDC and national partners to plan the April 2013 meeting of the NPHII grantees. 3. Developing a process to establish a consensus definition on Healthy Communities and organizing information on local policies – Activities for this project during this funding period include discussions with CDC and the development of a call for proposals to identify key partners and stakeholders to inform the consensus definition process for healthy communities and the identification of experts that organize local policy information. 4. Developing a surveillance system for Community Health Needs Assessments and a Health Equity/Health Disparities mapping tool – Activities for this project during this funding period include discussions with CDC, public health institutes, and IP3/CARES to identify key partners and stakeholders to help determine major needs and opportunities regarding CHNA surveillance. NNPHI is also working with CDC, public health institutes, and IP3/CARES to identify key partners and stakeholders to determine major needs and opportunities for Health Equity / Health Disparities Mapping.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NORC at the University of Chicago
2. Subaward Date:	10/01/2012
3. Subaward Number:	3U38HM000520-05W1
4. PPHF Funding Amount:	\$34,175.00
5. Subaward Purpose:	During the project period, the NORC Public Health Team has worked with the NNPHI NPHII Project Team and to develop and implement the Annual Assessment of Performance Management and Improvement Practices. NORC will program the assessment into a web survey system, conduct analysis of the data in accordance with an agreed upon analysis plan and work with the Project Team to develop deliverables including but not limited to analysis tables and individual grantee reports.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Capacity Building Assistance to Strengthen Public Infrastructure and Performance - Partnerships
4. Recipient Name:	Association of Maternal and Child Health Programs
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$55,023.00
8. Award Number:	3U38HM000523-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.524
11. Summary of Activities:	The overall goal of this project is to increase the capacity of state maternal and child health (MCH) programs and their partners (e.g., state and local health officials and their staff, public health leaders, community-based organizations, advocates and families) to demonstrate measurable progress in the adaptation and utilization of evidence-based recommendations such as those outlined in The Community Guide and other resources. Key project activities designed to meet this goal included conducting two "Evidence to Action" Webinars: Using Evidence to Inform Preconception Health Initiatives and Using Evidence to Inform Childhood Obesity Prevention Efforts; Creating and disseminating two Issue Briefs: Using the Community Guide to Improve Preconception Health Efforts and Using the Community Guide to Improve Childhood Obesity Efforts; Hosting a conference session, "Using Evidence-Based Practice to Drive Policy" at AMCHP Annual Conference; and Convening a Maternal and Child Health Think Tank in partnership with PHAB to increase state MCH understanding of the public health accreditation process and potential ways to engage in the process.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Philadelphia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$664,213.00
8. Award Number:	5U58CD001249-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Funding for Component I of the grant supports continued development of a department-wide performance management system. Once complete, the system will uphold the department's mission to improve the health of Philadelphians by providing management with data on efficiency and effectiveness of departmental operations. The data will be used to engage staff at all levels in efforts to improve the quality of public health services and better meet the needs of Philadelphia.</p> <p>Component II of the NPHII project is focused on building and strengthening public health data infrastructure, including acquisition of the physical and software components necessary to house and analyze data; building partnerships on which to base data-sharing arrangements advantageous to public health; gaining access to additional data sources that expand the comprehensiveness of traditional public health data; and gathering information on barriers to data acquisition as well as the legal requirements for acquiring and housing multiple sources of data. These activities are housed in the Office of Health Information and Improvement (OHII), and are centered on hypertension, cancer screening and adult immunization, but will ultimately be valuable in strengthening the Department's capacity for acquiring, securing, storing and analyzing a variety of data for a range of public health purposes.</p> <p>For the period 9/30/12-12/31/2012, achievements of the Office of Health Information and Improvement include:</p> <ul style="list-style-type: none"> • analyses of Philadelphia-specific data on hypertension and its co-morbidities • additional partnership-building on which to base collaborative public health interventions • preparation of an IRB application for the acquisition of U.S. Renal Data System data.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Philadelphia Mental Health Care Corporation
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001249-03
4. PPHF Funding Amount:	\$328,530.00
5. Subaward Purpose:	Four core staff for Philadelphia's NPHI initiative will be hired via PMHCC: 1) Director of the Office of Health Information and Improvement (OHII), 2) Informatics Director for OHII, 3) Data Analyst for OHII, and 4) Legal Policy Analyst for OHII.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	New York City Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,093,621.00
8. Award Number:	5U58CD001252-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	NPHII NYCDOHMH supports targeted initiatives aimed at improving the access and availability of community health survey data and ensuring efficient use of this data by key public health and mental health service providers. NPHII NYCDOHMH is taking steps to ensure the sustainability of previous gains made in the management of performance improvement data. With significant progress made on these targeted initiatives, NYCDOHMH is better positioned to conduct an in-depth assessment of accreditation readiness. Assess accreditation readiness, Expand and broaden EpiQuery, our online interactive data dissemination tool, Enhance data systems to improve the quality of public health surveillance, monitoring and evaluation of health programs, Continue development of health services reporting systems to improve oversight of contracted healthcare providers and Develop and promote Take Care New York 2016, our community health improvement plan.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Experis f/k/a Comsys
2. Subaward Date:	October 2011 - September 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$137,570.00
5. Subaward Purpose:	Experis will complete ongoing work on performance management system, integrate the system in a new intranet portal and implement a strategy that supports the development of management dashboards. Specifically, the contractor is expected to: <ul style="list-style-type: none"> • Complete change requests that improve reporting and functional capabilities of the DOHMH performance management system; • Build an intranet portal based on user specifications complete with SharePoint 2010 webparts that allow the PIM and Office of Planning and Program Analysis to manage site content • Develop OLAP cubes from existing performance data source(s), as necessary, to support management dashboards • Create security infrastructure that adheres to DOHMH standards • Run performance load and unit tests as required • Set-up and configure development and application servers • Document technical development, configurations and processes to transition ongoing maintenance of the project to DOHMH IT staff.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Center for Health Care Strategies, Inc.
2. Subaward Date:	January 2012 - April 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	As part of the agency's efforts to develop innovative policies and best practices to implement managed behavioral health care services, the Center for Health Care Strategies, Inc. (CHCS) will provide technical expertise to the agency to: research, summarize and advise on key issues and questions related to the design and implementation of managed behavioral health services; advise on policy issues; provide guidance on stakeholder engagement strategies; and facilitate conversations between state and local governmental stakeholders, as needed. The Center for Health Care Strategies is a nonprofit health policy resource center that partners with Medicaid policy makers and community stakeholders to develop better models of organizing, financing, and delivering health services, and has previously provided technical assistance to the New York State Medicaid office regarding the transition to a managed behavior health model.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Global Strategy Group (GSG)
2. Subaward Date:	January 2012 - May 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	Company would recruit, conduct, transcribe, and analyze focus groups with local merchants (e.g., bodega owners) in targeted New York City neighborhoods for DOHMH to understand how these retailers decide what advertising signs to place in their storefronts, as well as to learn about what incentives are offered by industry to influence product offerings, promotions and placement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Experis f/k/a Comsys
2. Subaward Date:	October 2011 - September 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$256,087.00
5. Subaward Purpose:	Scope Deliverables include: 1) Business Analysis Phase - Project Definition Identification, Project Planning, Site Business; 2) Design Phase - Design and Test Cases Preparation; 3) Development Phase - Site Setup, Feature Development, Content Management Administration; 4) Testing Phase - Functional Testing, Regression Testing, Multi-Browser Testing and Bug Fixing; 5) User Acceptance Testing Phase - Production Deployment, UAT Support and Knowledge Transfer.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	SAS Institute, Inc.

2. Subaward Date:	October 2011 - September 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$136,888.00
5. Subaward Purpose:	The SAS eBI technology infrastructure supports core applications and reporting activities including EpiQuery, PCIP's querying and reporting system, and will be the tool to visualize data from the Data Warehouse initiative for many DOHMH analysts. NYC DOHMH will be expanding the technology infrastructure to provide a robust, secure and redundant environment. NYC DOHMH currently has one environment and no fail-over, redundancy and aims to utilize these funds to purchase a new suite of licenses and install a new environment. The new suite of licenses is a one-time purchase of \$112,000. Additional funds are need for professional services from SAS Institute to assist NYC DOHMH's technical team in installing the new software, setting up the system and migrating EpiQuery and other web-based reporting tools from this initiative.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ABT-SRBI
2. Subaward Date:	October 2011 - September 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$79,020.00
5. Subaward Purpose:	In order to keep up with the trend of increasing cell phone use, this proposal for supplemental funding aims to enhance the sample further by adding additional cell phone- only users. Given the past experience of our staff and vendor, we are in a position to implement this change immediately upon approval. The current contract will include the following specific deliverables to support the accomplishment of the objectives of this proposal: 1) Complete an additional 500 cell-phone only interviews in CHS 2011; 2) Provide reimbursement to cell-phone participants for their participation; and weighting of cell-phone only and preparation of cell- phone data set.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Solutions
2. Subaward Date:	October 2011 - September 2012
3. Subaward Number:	5U58CD001252-03
4. PPHF Funding Amount:	\$186,974.00
5. Subaward Purpose:	The Data Warehouse Developer will design and architect the Intra-Agency linked data warehouse data structure, implement linkages and add reference data sources, design extracts from DOHMH core systems, Syndromic Surveillance and Master Child Index (MCI - CIR and lead), implement data extracts from DOHMH core systems, implement linkages from DOHMH core systems to DOHMH Linked Data Warehouse, Integrate reporting and data visualization software with DOHMH Linked Data Warehouse, Develop and deploy web-based reports using reporting tool. This consultant contract will be managed by Public Health Solutions.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Arkansas Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001270-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>These funds were directed toward activities that improve capacity for performance improvement and accelerate the Arkansas Department of Health's (ADH) readiness to apply for and achieve national accreditation. Activities to improve the agency's capacity for performance improvement included the addition of a master's level program specialist to the newly instituted Office of Performance Improvement Management (OPIM), and issuance of an internal request for proposals (RFP) to programs within the agency. Through this RFP, five performance improvement projects were developed and initiated, two of which were completed within this reporting period. The aim of the first of the two projects completed was to improve newborn metabolic and hearing screening training and technical assistance provided by ADH staff to newborn nursery personnel in hospitals around the state. The aim of the second was to improve timely compliance by retail food establishments in cases of non-critical food safety violations identified during inspection by ADH environmental health specialists. To improve ADH workforce capacity in performance management through training, 3 staff completed the third semester; and 2 staff, the first semester of University of Minnesota's graduate certificate in performance management. Working in collaboration with external partners, the number of health care staff trained in health literacy and quality improvement was increased through a two-day training that focused on the use of evidence-based policies and practices around health literacy. To advance the agency's agenda to obtain national accreditation, the Accreditation Work Group completed an initial self-study against the public health accreditation standards. The statement of intent to apply for accreditation was completed. Plans for the development of an agency wide performance management system and the draft state health assessment plan were also completed. OPIM did not issue any sub-awards during this reporting period.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Chicago Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001271-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Accreditation Board
2. Subaward Date:	February 15, 2012
3. Subaward Number:	5U58CD001271-03
4. PPHF Funding Amount:	\$47,700.00
5. Subaward Purpose:	This subaward is for the five year fees associated with applying for and obtaining Public Health Accreditation. CDPH paid the five year fees in full.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Society for Quality
2. Subaward Date:	October 2011
3. Subaward Number:	5U58CD001271-03
4. PPHF Funding Amount:	\$52,663.00
5. Subaward Purpose:	These dollars were used to provide quality improvement training to 40 staff over a 3 day period as well as to train 5 staff as Lean Six Sigma Black Belts.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Houston City Health and Human Services Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001272-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Activities during the award period include the 1) development of a agency strategic plan and community health improvement plan, 2) department wide training on accreditation, performance management, and quality improvement, 3) establishment of quality improvement projects, 4) accreditation self assessment with a department wide accreditation workgroup, and 5) performance management / quality improvement self assessment. No subcontracts were executed during this reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Alabama State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001273-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The following NPHII grant activities were completed during the reporting period:</p> <ul style="list-style-type: none"> • The Accreditation Team met in July 2012. • The Public Health Foundation (PHF) provided technical assistance. • The Team analyzed accreditation readiness and developed a plan to meet other accreditation prerequisites. • Progress was made on completing the PHAB Checklist and IT began work on a document library for records to support accreditation. • Initial work began on development of a performance management system. • CDC approved technical assistance from PHF to conduct Quality Improvement Train-the-Trainer sessions outlined in the NPHII Year 3 Project Plan. Planning for the training is in process. • The Quality Improvement Team met to review the baseline data regarding customer satisfaction. The survey tool was revised in September 2012. • The medication accountability protocol was revised and implemented in July 2012. Internal auditors began gathering data about use of the new protocol. • The Clinic Efficiency Project was completed in some counties. Data supports positive outcomes in participating counties. Appointment templates were implemented based on best practice. Preparations began to develop presentation to Area Administrators, the Deputy Directors, and the State Health Officer regarding project outcomes to date. • As outlined in the NPHII Year 3 Project Plan, an initial survey was completed to gather information on the satisfaction of the current Tuberculosis Protocol. Planning for a meeting to re-write the protocol is in process. • Alabama Department of Public Health has no subcontracts or subawards to report on for this reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Los Angeles County Public Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$893,598.00
8. Award Number:	5U58CD001274-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The funding has supported critical capabilities which strengthen the Department of Public Health's ability to enhance the delivery of public health services in a time of increased health needs and a shrinking budget and workforce, while also preparing the organization for accreditation. The activities that took place during FY 2012 include: Office of Health Assessment and Epidemiology (OHAE) provided a five-session course on economic evaluation concepts and methods, focusing on the steps needed to conduct a study and how results can be interpreted and used to improve health outcomes. The course was given over 9 months to a group of 40 Department analysts. In addition, a two-session course on Health Impact Assessment was taught to the same group by Dr. Brian Cole of UCLA. OHAE presented two posters at the 2012 National Association of City and County Health Officials conference to describe the methods and literature review behind the course. Preliminary results were also presented at the 2012 CityMatch conference in San Antonio, TX. Technical assistance in the areas of sampling design, data collection, and statistical analysis was provided to Maternal Child & Adolescent Health, Tuberculosis Control, and Chronic Disease and Injury Prevention. To strengthen the public health workforce, a Training Work Plan was developed for the "Policy and Planning" domain of the Public Health Worker Competency Framework. A national review of Public Health Workforce Needs Assessments was completed and two sources were identified and used to design questions for our first needs assessment. A third annual Science Summit was held in March 2012. Over 300 participants from DPH and leaders from neighboring health departments attended to hear 45 scientific presentations on public health practice. An Expert Speaker Session on "Priority-setting in public health" was provided, including multiple follow-up training sessions. An online training module on "Quality Improvement" was developed. This training will be provided in FY2013 to educate staff at all levels on Quality Improvement principles and tools. Performance Improvement/Quality Improvement specialized training sessions were provided monthly at department-wide Performance Improvement Team Meetings. A first Prevention Symposium for LA County physicians on the topic of "Healthy Aging" was held on June 5th, 2012 at UCLA, promoting the use of evidence-based clinical preventive services. A survey was used to assess the needs of Department physicians. The evaluation was completed and is being used to plan future efforts of partnerships between public health and the medical community. A logic model for the utilization of high-value clinical preventive services broadly throughout LA County was developed and will be used to design efforts in FY2013. Best practices to complete the LA County's Community Health Assessment were identified.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Long Beach Department of Health and Human Services (LBDHHS)
2. Subaward Date:	10/01/2011
3. Subaward Number:	5U58CD001274-03
4. PPHF Funding Amount:	\$50,000 for year 2 with \$88,575 carryover funds from year 1.
5. Subaward Purpose:	<p>This sub-grant was executed to allow the city of Long Beach to participate in quality improvement training needs assessments, develop department-wide performance plans tailored to its capacity and needs, develop strategic plans that outline the long-term vision for their public health goals and that align with the Los Angeles County Department of Public Health's strategic plan. The sub-grant also supported exchange of information and tools related to shared efforts in community health assessment, implementing community health improvement plans, and evaluating health outcomes. In conducting these activities, Long Beach collaborated with the Los Angeles County Department of Public Health by sharing approaches used to assess health, select priority health issues, train staff and develop health policies. The ultimate goal of this collaboration is to improve the health of all Los Angeles County residents. During FY 2012, Long Beach completed its Community Health Assessment (CHA) and the document is under senior level review at this time. They engaged in training and project-based activities to increase their organization's capacity to conduct QI activities. These activities form the foundation for building a solid QI knowledge base and infrastructure for their department. The Department's QI plan is slated to be completed by Feb. 2013. LBDHHS connected with the Southern California Chronic Disease Collaborative to identify opportunities for regional coordination and policy development to address chronic diseases among Southern California local health departments.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Pasadena Public Health Department
2. Subaward Date:	10/01/2011
3. Subaward Number:	5U58CD001274-03
4. PPHF Funding Amount:	\$25,000 for year 2 with \$24,862 carryover funds from year 1.
5. Subaward Purpose:	<p>This sub-grant was executed to allow the city of Pasadena to participate in quality improvement training needs assessments, develop department-wide performance plans tailored to its capacity and needs, develop strategic plans that outline the long-term vision for their public health goals and that align with the Los Angeles County Department of Public Health's strategic plan. The sub-grant also supported exchange of information and tools related to shared efforts in community health assessment, implementing community health improvement plans, and evaluating health outcomes. In conducting these activities, Long Beach collaborated with the Los Angeles County Department of Public Health by sharing approaches used to assess health, select priority health issues, train staff and develop health policies. The ultimate goal of this collaboration is to improve the health of all Los Angeles County residents, and collaboration between the three health departments in the County is essential for this to occur. During FY 2012, an accreditation consultant finalized a readiness checklist and accreditation gaps assessment for the Pasadena Department of Public Health. A utilization consultant was hired to conduct a series of Lean Quality Improvement Trainings. Drafts for the community health assessment for City of Pasadena Public Health Department/Quality of Life Index 2012 were completed.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Foundation Enterprise (PHFE)
2. Subaward Date:	10/01/2011
3. Subaward Number:	5U58CD001274-03
4. PPHF Funding Amount:	\$219,211.00
5. Subaward Purpose:	<p>Public Health Foundation Enterprise (PHFE) was contracted to provide temporary personnel to support Department of Public Health goals and efforts as it relates to the NPHII/LAC Performs grant. Ricardo Basurto-Davila, an Economist/Quantitative Policy Analyst continues to be contracted through PHFE. As an Economist, Ricardo conducts health impact assessments of selected policies, provides training for management and technical staff on the uses and methods of economic evaluation, and conducts policy-related economic evaluations to support policy decisions. During FY2012, along with Ricardo, a Student Professional Worker (Michelle Chan) and a Training and Curriculum Developer (Kevin Roldan) were contracted to support key grant activities. They completed their work in August 2012. The Student Professional Worker assisted in the preparation and dissemination of the Department's Performance Improvement Plan and helped coordinate monthly performance improvement team meetings. The Training and Curriculum Developer created a one-hour, self-paced online performance improvement training module for Department senior managers and staff that meets all Los Angeles County systems requirements. The training module will be used to training staff n FY 2013.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	County of Maricopa Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001275-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The Maricopa County Department of Public Health (MCDPH) received a National Public Health Improvement Initiative (NPHII) grant to increase the capacity to routinely evaluate and improve the effectiveness of the health department's organizational structure, practices, partnerships, programs, use of resources, and the impact that the systems' improvements will have on public health practice and health outcomes. The focus on performance improvement will help the Department meet national public health standards and prepare for public health accreditation. The key activities of this program period included: developing and implementing a Community Health Improvement Plan with our stakeholders and partners, improving cross-jurisdictional work among departmental programs and with community partners to impact community health priorities, operationalizing a department-wide performance management system, and preparing for public health department accreditation. Other activities included work on a department workforce development committee to create a workforce development plan, creating a policy tracking system, and researching evidence-based practices and return on investment information to benefit the programs within the department for increased effectiveness and community health.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Florida State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,093,662.00
8. Award Number:	5U58CD001276-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	This project supports implementation of a comprehensive performance management system that aligns state and local health improvement planning processes and plans, integrates performance improvement activities throughout the agency, fosters development of the workforce, and prepares the agency for national accreditation.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kyra Info Tech
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001276-03
4. PPHF Funding Amount:	\$106,784.00
5. Subaward Purpose:	Develops and enhances the department performance management data system.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Brandt Information Services
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001276-03
4. PPHF Funding Amount:	\$60,192.00
5. Subaward Purpose:	Implements and monitors progress on the agency's workforce development plan.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Hawaii Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$607,600.00
8. Award Number:	5U58CD001277-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Coalition for a Tobacco-Free Hawaii, d.b.a. Healthy Communities Hawaii
2. Subaward Date:	9/27/12
3. Subaward Number:	5U58CD001277-03
4. PPHF Funding Amount:	\$99,000.00
5. Subaward Purpose:	Award to manage and sub-contract the Public Health Improvement Team (PHIT) Initiative. PHIT Initiative is a six month collection of trainings for DOH staff that will cover 1) Cultural Competency and Health Equity, 2) Public Health "101", 3) Quality Improvement and Process Re-engineering using the "Design Thinking" methodology from Stanford University, 4) Project Management, 5) Performance Management and Contract Evaluation, and 6) Success Story Telling. The trainings are intended to be linear and sequential, and will involve a core group of DOH staff to stand up and maintain an institutionalized quality improvement framework. The specific deliverables for the core PHIT group will be the design and implementation of the DOH Performance Management Program and the DOH Online Scorecard (based on the Results Based Leadership tool). Vendors include the University of Hawaii, Oceanit Corporation of Hawaii, and Fresh Leadership, LLC.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hoike Networks, Inc. (formerly Framework 21)
2. Subaward Date:	10/11/2011
3. Subaward Number:	5U58CD001277-03
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	"Hoike Networks, Inc. (formerly Framework 21) is the company that constructed the internet based birth data entry program for the Hawaii Department of Health (DOH) approximately eight years ago. This birth program is not compliant to the 2003 US Vital Statistics standards for Birth and Death. In addition, although the original birth program captures birth information and transfers the data electronically, it is extremely inefficient in the normal workflow and procedures for the registration of birth at the Hawaii DOH. Hawaii DOH has utilized the Public Health Infrastructure grant funds to completely redesign the Hawaii DOH Internet based data entry program to be compliant to the 2003 US Vital Statistics standards and be designed to enhance and provide maximum efficiency in the birth registration process at Hawaii DOH. Hoike Networks has reviewed the 2003 standards and is ready to proceed with the redesign for the updated Hawaii Internet birth data registration program, however DOH has instructed Hoike to wait until DOH has completed the redesign of the workflow and processing that must be agreed upon by DOH staff who will need to change their work processes and procedures when the new system is implemented. The drop dead date and which the new birth system built by Hoike Networks, Inc. must be completed, tested and implemented is January 1, 2014 as this is the date that if Hawaii DOH does not meet the 2003 US Vital Statistics standard for Birth and Death, Hawaii DOH will experience serious negative consequences in the amount of compensation by the National Center for Health Statistics (NCHS) for reporting births and deaths in the State of Hawaii. Loss of such funding by Hawaii DOH will be detrimental as the DOH Vital Records (i.e. Office of Health Status Monitoring) division relies heavily on this funding to cover basic operating expenses of the division. "

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hawaii Pacific Health
2. Subaward Date:	06/28/2012
3. Subaward Number:	5U58CD001277-03
4. PPHF Funding Amount:	\$80,000.00
5. Subaward Purpose:	Hawaii Pacific Health (HPH) is the parent organization for Kapiolani Medical Center for Women and Children Hospital (KMCWC), Wilcox Memorial Hospital on the island of Kauai. KMCWC alone registers between 30-40% or about 1 out of every 3 live births in the State of Hawaii. Approximately a decade ago, KMCWC in collaboration with DOH created an electronic data transfer process of birth data utilizing a fixed format text file that would be transferred from KMCWC to DOH. This birth data format does not meet the 2003 US Vital Statistics standards and the process and procedure in which DOH must download then upload these birth data files from KMCWC is complicated, inefficient and time-consuming for DOH staff. Hawaii has contracted with HPH utilizing federal Public Health Infrastructure grant funds to create a new electronic birth data transfer system from KMCWC & Wilcox Hospital to DOH. This new electronic data transfer system will also include immunization information reported to DOH Immunization Branch and currently collected independently from birth information. A single data transfer stream from KMCWC's electronic medical record system will port birth & immunization data to the appropriate DOH sections, Vital Records and the Immunization branch, utilizing an HL-7 format which is the accepted standard for the exchange, integration and sharing of electronic health information. The HL-7 standard is also the standard in which birthing hospitals on American Samoa, CNMI (Saipan) and Guam will adhere to in their current and future health data exchange project initiatives. American Samoa, CNMI & Guam are similar to Hawaii in that a single Hospital in each of their respective Pacific Island jurisdictions registers almost all of their live births. If what is implemented for the transfer of birth information from a hospital to DOH is relevant or can be applied beyond Hawaii, Hawaii is open to sharing the concept and application of our Hospital birth data transfer system to other Pacific Island jurisdictions such as Amer. Samoa, CNMI and Guam. HPH has all specifications for the new data transfer system that will be in the HL-7 format and be compliant with the 2003 standards; however like the contractor Hoike, DOH has asked HPH to hold actual construction of the new system until DOH has completed the redesign of the workflow & procedures by DOH staff for registering births. When completed Hawaii will have 2 methods in which a hospital, birthing clinic or midwife can register a birth in Hawaii and that is either through the new Internet based birth program built by Hoike or if they meet the required HL-7 data format specifications, they do not have to double data enter and instead send birth information from their hospital EMR via secure internet protocol directly to DOH, in which HPH & DOH, from grant funding, will have established the prototype. Deadline for the HPH / DOH HL-7 birth data interface as previously discussed is 1/1/14.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Dallas County Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001278-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The objectives of this project are to increase readiness for achieving accreditation by the Public Health Accreditation Board (PHAB), increase use of evidence-based performance improvement practices, engage in partnerships, and implement best practices for performance improvement.</p> <p>DCHHS plans to evaluate our infrastructure and programs using our newly established performance management system. The DCHHS iPEX (Improving Programs and Processes for Efficiency and Excellence) Performance Management System guides the methods and implementation of the National Public Health Improvement Initiative (NPHII) at our agency. The iPEX performance management system will provide a long-term, systematic process to improve our infrastructure and public health impact on the basis of DCHHS data, community needs, Public Health Accreditation Board standards, and the CDC National Public Health Performance Standards Program (NPHSP).</p> <p>Activities for the DCHHS iPEX Performance Management System consist of the following main components: 1) County Health Assessment (CHA), 2) Strategic Planning, 3) Performance Improvement Training, 4) Performance Improvement Balanced Scorecard Development, 5) Gaps and Best Practices Reporting, 6) Staff Performance Improvement Training, and 7) Program/Process Updates and Implementation (CHIP). The DCHHS performance management system operates under the direction of the Principle Investigator (PI), DCHHS Medical Director/Health Authority, who will be responsible for facilitating organizational adoption of a culture of performance improvement, quality, and accountability.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New Solutions, LLC; 317 George Street, Ste. 412, News Brunswick, NJ 08901
2. Subaward Date:	Vendor contract approved May 8, 2012
3. Subaward Number:	na
4. PPHF Funding Amount:	\$42,200
5. Subaward Purpose:	<p>HORIZONS: The Dallas County Community Health Needs Assessment was an effort to ensure that our entire local public health system continues to effectively and efficiently serve the 2.4 million residents of our county. New Solutions, Inc. collected secondary data and conducted one focus group to inform the report. The methodology, some data requests, and final report revisions were led by DCHHS.</p> <p>Significant secondary data sources used by New Solutions, Inc. include: Texas Department of State Health Services (DSHS) Center for Health Statistics, U.S. Census, Parkland Community Health Institute (PCHI) Dashboards and Data, Dallas County Health and Human Services (DCHHS) Division Data Summaries, Dallas/Ft. Worth (DFW) Hospital Council Healthy North Texas Dashboard, Communities Foundation of Texas: "Assets and Opportunities in Dallas", Dallas County Behavioral Health System Redesign Task Force: "Assessment of the Community Behavioral Health Delivery System in Dallas County, Regional Health Partnership Region 9: Community Health Needs Assessment Task Force: "Regional Health Partnership 9: Community Needs Assessment Report". Dallas Fort Worth Hospital Council, Dignity Health (formerly Catholic Healthcare West) Community Need Index, Community Council of Greater Dallas Sourcebook 2012 Directory of Services.</p> <p>The CHNA represents collective issues facing Dallas County residents, and requires collective action to improve the health of our community. The end of the CHNA containing assets and gaps analysis as well as recommendations is the foundation for the Dallas County Community Health Improvement Plan (CHIP).</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	San Diego County Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001279-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Conduct activities that prepares the County of San Diego Health and Human Services Agency for national public health accreditation. Conduct a community health assessment, community health improvement planning, and organizational strategic planning. Conduct Quality Improvement projects. Participate in cross jurisdictional learning groups to share promising or best practices. Assess organizational capacity to include health equity into all programs and services and develop a plan to address gaps. No subawards were initiated with these funds during the reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	District of Columbia Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001280-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Foundation
2. Subaward Date:	08/02/2012
3. Subaward Number:	5U58CD001280-03
4. PPHF Funding Amount:	\$34,000.00
5. Subaward Purpose:	The contract funding support quality improvement training for public health staff. The amount obligated was \$34,000. The amount spent was \$17,000.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Delaware Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001281-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	During year 3 of the National Public Health Improvement Initiative (NPHII), Delaware Health and Social Services, Division of Public Health (DPH) will continue to develop its strategic priorities, become more proficient using performance and continuous quality improvement techniques and complete national accreditation prerequisites (health assessment, health improvement plan, and strategic plan). Additionally, DPH will complete an organizational self-assessment to identify gaps in meeting and/or conformity with the national Public Health Accreditation Board (PHAB) standards, including the subsequent development of a realistic timeline and roadmap aimed at applying for national accreditation. Key activities include: 1) Complete state-wide health improvement plan; 2) Develop an agency wide strategic plan informed by the health assessment and health improvement plan; 3) Conduct an organizational self-assessment to identify gaps in meeting and/or conformity with Public Health Accreditation Board standards; 4) Complete health equity strategy and map aimed at achieving health equity in Delaware; 5) Develop and implement health reform strategy and strategy aimed at increasing access to quality and safe health care in Delaware; 6) Increase tracking and performance reporting using a performance management system; 7) Conduct two performance/quality improvement initiatives aimed at increasing efficiency and/or effectiveness

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Advancing Strategic Innovations, LLC
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001281-03
4. PPHF Funding Amount:	\$96,000.00
5. Subaward Purpose:	Contractor provides technical assistance to the Delaware Division of Public Health (DPH) on a division wide Performance Improvement Initiative (PII). Technical assistance includes: 1) Using strategy map and balanced score card methods, assist DPH to finish mapping strategic priority areas (Health Equity Strategy, Health Reform Strategy, Top Level Strategy, and supporting cascading maps), developing strategic priority objectives and developing initiatives aimed at meeting the objectives and data driven performance targets and measures to gauge progress; 2) Establishing a performance management system and structure incorporating continuous quality improvement methods; 3) Establishing communication strategy for internal and external partners; 4) Working with the designated team to use the state-wide health assessment to build a state-wide health improvement plan and subsequent strategic plan; 5) Working with the designated teams to accomplish an organizational self-assessment using current Public Health Accreditation Board (PHAB) standards and assist leadership in identifying gaps and developing an action plan and timeline to address areas in which there is no or little evidence of meeting a PHAB standard; 6) Assist leadership in accomplishing pre-accreditation activities; 7) Provide consultation to division leadership as requested on strategic planning, performance, and continuous quality improvement matters.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	InsightFormation, Inc.
2. Subaward Date:	10/15/2012
3. Subaward Number:	5U58CD001281-03
4. PPHF Funding Amount:	\$34,000.00
5. Subaward Purpose:	The contractor provides online access to InsightVision 2.0 strategy management system for 107 users and comprehensive system training tutorials, plus provides ongoing technical assistance and support during the contract via email or telephone. InsightVision is a web application that presents and stores performance information and is designed to help understand what is important to an organization and measure how well an organization is doing in its efforts to achieve strategic goals.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Kansas State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001282-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The Kansas Department of Health and Environment (KDHE) is currently engaged in transformational reorganization and revitalization of its performance management system: 1) Implementing the second year of a three-year strategic plan (2011-2014); 2) Completing a state health assessment through the Healthy People (HP2020) process; 3) Synthesizing findings from the November Kansas public health system assessment using the National Public Health Performance Standards Program, and; 4) Training staff on quality improvement methods and implementing QI projects. This work supports public health accreditation readiness activities in the agency. The KDHE is systematically working to expand and strengthen the agency's engagement of private and public partners, and stakeholders to collaboratively address identified population health priorities efficiently and effectively, identify activities to prevent or manage chronic health problems, and promote sustainable environments and population health. Planning is underway for a Tribal Health Project in collaboration with the Center for Health Equity (CHE), KDHE, and the four sovereign nations in Kansas (Prairie Band Potawatomi Nation, Sac and Fox Nation in Kansas and Nebraska, Kickapoo Tribe of Kansas, and Ioway Tribe of Kansas and Nebraska). The CHE has engaged tribal Chairmen to identify interest in pursuing a tribal health summit in 2013, community health assessment, and a Healthy Tribes Kansas 2020 process. All Chairmen have agreed to move forward with planning a tribal health summit for 2013 with consideration of how to conduct community health assessments and engage in a Healthy Tribes Kansas 2020 process. The KDHE will also facilitate diverse group of leaders of state-level organizations in order to stimulate creative and thoughtful discussion to improve the links between health prevention and promotion service providers in order to improve population health in new and creative ways. The Institute of Medicine report, "Primary Care and Public Health: Exploring Integration to Improve Population Health" (March 2012) will serve to guide planning and future work. The target goal for this project will be a report which will define challenges, opportunities and needs as they relate to the capacity of Kansas to make progress on integrating primary care and public health.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Kentucky State Cabinet for Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001283-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Kentucky Department for Public Health is using continuation National Public Health Improvement Initiative Funding to further the development of a QI culture in Kentucky and of the performance management initiative currently underway. Specific goals include:</p> <ul style="list-style-type: none"> • Continue preparation for PHAB accreditation by developing a procedure to store/house documentation required by the PHAB accreditation process. Developing this procedure and identifying the resources needed for this activity will further KDPH's readiness to apply for PHAB accreditation in 2014. • Provide overview and in-depth QI training to state and local health department staff including coordinating with a national partner to provide training workshops to be offered to state staff and all local health departments (59 local health departments in Kentucky). • Enhance state health assessment/QI plan activities by partnering with local health departments regionally to provide more detailed information about issues and needs in various parts of the state which will drive development of a QI that specifically addresses these needs. • Increase implementation of best practices through awareness and technical training targeting use of the Community Guide at the state and local level. • Develop a user-friendly performance management "dashboard" which displays information in a clear and concise fashion to support performance management and QI.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Madison County Health Department
2. Subaward Date:	07/01/2012
3. Subaward Number:	5U58CD001283-03
4. PPHF Funding Amount:	\$25,200.00
5. Subaward Purpose:	Provide part-time staff to support the KDPH Center for Performance Management to focus on state level implementation of a Quality Improvement and Performance Management System.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Louisiana State Department of Health and Hospitals
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001284-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Under the FOA CDC-RFA-CDC10-101101PPHF11 the Louisiana Department of Health and Hospital, Office of Public Health (LA OPH) has undertaken activities to increase the performance management capacity of LA OPH. This will help to ensure that high priority public health goals are efficiently and effectively met and will assist in accelerating Louisiana's progress toward meeting national public health accreditation standards.</p> <p>LA OPH provided Accreditation Readiness training for key leadership personnel. This training provided information on each of the domains and standards, detailed what information is required to demonstrate compliance with accreditation standards, and provided information regarding how documentation should be retained. An accreditation self-assessment has been completed and a gap analysis and an Accreditation Roadmap are currently being developed. Beginning in February 2013, LA OPH will begin addressing and correcting several of the identified gaps in order to move the agency toward accreditation readiness. LA OPH has developed a dashboard for performance monitoring. Key performance indicators have been developed and on-going monitoring is currently conducted. A Lean Six Sigma project was conducted in the Center for Environmental Health. A thorough analysis of the Field Sanitarian program was completed. This improvement project focused on inspections for the retail food program, building and premises, and on-site wastewater. The project also included streamlining the Compliance Enforcement process when retail food establishments are out of compliance and centralizing fee collections. Key areas where performance was lacking were identified. Goals to improve Sanitarian productivity and improve the quality of inspections were established. Management tools and routines were developed to address the deficiencies. These tools were piloted to ensure that they addressed the root cause of the failures. The results of the pilot indicate a significant increase in productivity and a decline in the number of inspections that are past due. The management tools and routines will be implemented statewide. In addition the number of steps and length of time involved in the Compliance Order process was reduced and the collection of fees was centralized so that Field Sanitarians will no longer be responsible for collecting annual permit fees from Retail Food Establishments. An agency wide strategic plan will be developed for the LA OPH. This project began in December, 2012 and will be completed by September 29th, 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Louisiana Public Health Institute
2. Subaward Date:	9/30/12
3. Subaward Number:	NA
4. PPHF Funding Amount:	\$17,928.00
5. Subaward Purpose:	Louisiana Public Health Institute (LPHI) assists the Louisiana Department of Health and Hospitals with meeting the objectives and deliverables of the FOA CDC-RFA-CDC10-101101PPHF11 by providing a full-time Epidemiologist to assist the agency with data collection and analysis, performance monitoring and implementing quality improvement initiatives. LA OPH receives technical assistance and expert consultation services from LPHI. LPHI has also assisted LA OPH by securing the services of a Public Health Accreditation expert to provide training and consultation services for the Louisiana Office of Public Health. LPHI will also assist the agency with developing an agency wide strategic plan.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Maine State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$843,182.00
8. Award Number:	5U58CD001285-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Maine Center for Disease Control and Prevention, in the Maine Department of Health and Human Services, is facilitating the adoption and institutionalization of performance management and quality improvement methods and approaches to improve accountability, efficiency, and effectiveness within our programs and services. Our approach is to support accreditation efforts, quality improvement activities and routinely monitor quality improvement indicators and across the Maine CDC in order to prioritize areas for improvement and assure alignment with the agency's mission and priorities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide support and leadership for the development of the State Health Improvement Plan <input type="checkbox"/> Support the development of the Maine CDC strategic plan. <input type="checkbox"/> Complete Maine CDC's "Document Readiness Review" for Accreditation, providing an outside review of readiness and gaps. <input type="checkbox"/> Enhance the information technology tools to create greater efficiencies in the Health Inspection Program. <input type="checkbox"/> Streamline services provided via home visitation and public health nursing to improve alignment of services. <input type="checkbox"/> Enhance of Maine CDC's performance management system, performance scorecard, quality improvement training, and on-going quality improvement projects.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern Maine
2. Subaward Date:	09/30/2013
3. Subaward Number:	5U58CDC001285-03
4. PPHF Funding Amount:	\$497,592.00
5. Subaward Purpose:	<p>The Muskie School will hire a Performance Improvement Manager (PIM) to represent Maine CDC in that role for all relevant grant requirements.</p> <p>The Muskie School will implement the relevant and essential activities necessary to support the Maine CDC's accreditation journey, including attending and contributing to steering committee for Maine CDC Accreditation preparations, providing on-going QI input to the work of the Accreditation Champions, participating in SHIP steering committee meetings and related efforts by the steering committee and assisting in the Maine CDC strategic planning activities and assuring alignment with QI activities.</p> <p>Muskie staff will assist the Maine CDC to identify and implement performance and quality improvement initiatives to improve business and program processes and outcomes, including project management and the application of QI tools and techniques for this purpose. Muskie staff will implement an outreach plan to promote the use of quality improvement projects throughout the Maine CDC, including facilitating the development and implementation of the Health Inspection Program QI project and its information system and of the Home Visiting and Public Health Nursing service delivery QI project. PIM works with the Director of Public Health Performance Improvement to assure resources are identified, obtained, and expended according to the NPHII budget.</p> <p>The Muskie School will assist Maine CDC in building, implementing, and institutionalizing an integrated performance management system and in developing a self-sustaining culture of quality improvement within the health department. Muskie staff will also assist the Maine CDC in achieving crosscutting objectives and activities and establishing aligned performance standards and measures, and in routinely monitoring these standards and measures for improvement opportunities, leading to efficiencies, effectiveness, and improved health outcomes. Specific activities include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lead and manage the contract work plan, supervise and delegate work as appropriate. <input type="checkbox"/> Serve as the principal liaison and subject matter expert on performance management and QI. <input type="checkbox"/> Partner with the Director of Performance Improvement to support related agency efforts. <input type="checkbox"/> Provide leadership and facilitation for the Performance Management System. <input type="checkbox"/> Provide leadership and facilitation for the QI Council. <input type="checkbox"/> Provide leadership for the Performance Management Core Team. <input type="checkbox"/> Maintain a QI plan that meets the PHAB standards and incorporates QI activities/training. <input type="checkbox"/> Facilitate Plan-Do-Check-Act cycles for all Maine CDC programs with identified QI projects.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern Maine
2. Subaward Date:	09/30/2013
3. Subaward Number:	5U58CDC001285-03
4. PPHF Funding Amount:	\$40,392.00
5. Subaward Purpose:	USM will conduct analysis of State Health Assessment indicators and creation of related tables, assist in selection of indicators for District Summaries, analyze of this data, provide data checks for all products related to the State Health Assessment, and participate on the NPHII grant Core Team.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001286-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	1) Continue development of the State Health Improvement Process (SHIP) by refining data analyses on 39 measures and continuing support of local health improvement coalitions (LHICs). 2) Provide support in developing accreditation prerequisites and documentation for State and local agencies. 3) Provide coordination with Chronic Disease (CTG) team and other public health programs to link local LHICs to resources 4) Produce weekly SHIP e-Newsletter 5) Use PHAB readiness self assessment information and leadership meetings to develop agency strategic plan.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Maryland Baltimore County/ MIPAR
2. Subaward Date:	9-30-12
3. Subaward Number:	M00B2400266
4. PPHF Funding Amount:	\$175,880.00
5. Subaward Purpose:	QI Project technical support, 50% FTE; SHIP Website management, social media, health communications technical assistance, 100% FTE; SHIP measures development, cost studies, quality improvement measurement, 50% FTE; SHIP materials development and accreditation documentation support, 50% FTE

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Minnesota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$993,661.00
8. Award Number:	5U58CD001287-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Minnesota Department of Health (MDH) is working to promote a culture of quality and increase the use of performance management, quality improvement (QI) and national public health standards in state and local health departments throughout the state. Key activities include: completing a state health improvement plan; developing a performance management system for MDH; providing QI training and technical assistance to local health jurisdictions; providing strategic plan facilitation to local health jurisdictions; collecting documentation and applying for national public health accreditation; developing and implementing MDH's QI plan; adopting new performance measure for MN's local health jurisdictions; and facilitating state-local conversations about health information exchange, performance management and strengthening MN's public health system.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Nevada State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001288-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The National Public Health Improvement Initiative (NPHII) - Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance provides support to health departments or their bona fide agents for accelerating public health accreditation readiness activities; performance management and improvement practices; and the development, identification and dissemination of evidence-based policies and practices. Cross-jurisdictional (state, local, tribal, territorial, regional, community and border) collaborations are also encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts. There are four objectives in the NPHII FY12 grant. Below are the objectives and the Nevada State Health Division (NSHD) activities during this reporting period. Objective 1 - Implementation of relevant and essential activities to accelerate accreditation readiness (prerequisites): The NSHD hired an Accreditation Coordinator (AC) who participated on an ongoing state-wide community health assessment team and drafted an accreditation timeline. Objective 2 - Complete an organizational self-assessment to identify gaps in meeting and/or conformity with the national Public Health Accreditation Board standards: The AC established an agency-wide self-assessment team in December 2012, which will begin meeting in January 2013 to address this objective. Objective 3 - Identification and implementation of two or more performance improvement or quality improvement initiatives within the grantee's agency that increase efficiency and/or effectiveness: The first activity was the administration of a client satisfaction survey in our 13 frontier/rural community health nursing clinics, focusing on the satisfaction rate of time spent in the clinic waiting room. The three clinics with the lowest rates for this process were chosen and the intervention to be tested was the prepackaging of forms per visit reason (e.g., WIC, Immunizations, etc.). Testing will begin in January 2013 and the survey will be re-administered in April 2013 in the three clinics to gauge its success. The second activity was to increase the number of health insurance companies with whom the clinics are credentialed, with the expectation of increasing both the number of billable service hours and the number of clients with private health insurance who receive at least one service at our clinics. We have contacted several companies and are working with them on their credentialing processes. Objective 4 - Continue performance management activities as outlined in the original FOA: The activities are for the NSHD to establish a Performance Management Office, increase the number of dedicated Performance Management staff and provide NSHD staff with performance management training. We increased number of dedicated staff with the hiring of the Accreditation Coordinator and conducted one of three Performance Measures and Evaluation sessions.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Avysion Healthcare Services
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001288-03
4. PPHF Funding Amount:	\$66,482.00
5. Subaward Purpose:	On October 1, 2012, through Avysion Healthcare Services, the Nevada State Health Division hired a contractual State Accreditation Coordinator to focus on NPHII Year 3 grant objective 1 (accreditation readiness), objective 2 (organizational self-assessment against national Public Health Accreditation Board (PHAB) standards), and objective 4 (performance management activities), as well as to coordinate accreditation efforts with Nevada's three local health authorities. During this reporting period, the State Accreditation Coordinator drafted an accreditation timeline, attended bi-weekly Quality Improvement Steering Committee meetings where she provided updates on Health Division accreditation efforts to committee members, participated on an on-going statewide community health assessment team, and established an agency-wide self-assessment team which will begin meeting in January 2013 to measure the Health Division against PHAB standards. She also attended a Mobilizing for Action through Planning and Partnership (MAPP) training hosted by the Health Division's Primary Care Office, and began working to develop targeted MAPP trainign for local health departments and rural coalitions in order to facilitate statewide adoption of the MAPP process. This position also worked with Nevada's three local health authorities by participating in accreditation and community health improvement meetings with Carson City Health and Human Services, assisted Washoe County Health District in writing a Robert Wood Johnson Foundation cross-jurisdictional sharing grant, and by communicating accreditation updates and resources.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Nevada Public Health Foundation
2. Subaward Date:	11/09/2012
3. Subaward Number:	5U58CD001288-03
4. PPHF Funding Amount:	\$45,100.00
5. Subaward Purpose:	The Nevada Public Health Foundation, through its partnership with the University of Nevada, Reno (UNR), is funded in Year 3 to provide performance management education and training to Nevada State Health Division leadership and staff; project management for quality improvement and accreditation, and assistance and support to Executive and Steering Committees. During this reporting period, UNR instructors have attended Quality Improvement Steering Committee meetings, served as consultants to the QI Steering Committee and conducted the first of three scheduled sessions of a Performance Measures and Evaluation - Did I Get What I Expected? training. Training participants were taught a systematic way to look at goals, strategies, indicators and methods for achieving quality services at the Health Division. They also gained knowledge about assessment of services, quality and costs for their respective programs and support for a healthier Nevada.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	New Hampshire Department of Health And Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001289-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Activities performed during this time period are aimed at accelerating the readiness of the Division of Public Health Services (DPHS) to apply for public health accreditation by the Public Health Accreditation Board and to increase the efficiency and effectiveness of DPHS programs services and operations through the implementation of performance management and quality improvement practices throughout the Division. Activities include: initial work toward the development of a State Health Improvement Plan; contracting and initial construction of the NH DPHS Performance Management IT Application; contracting for and initiating a Quality Improvement training program to members of DPHS staff and management; development of and implementation of a performance management system and quality improvement program within DPHS aimed at improving the effectiveness and efficiency of services provided.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Carolina Public Health Foundation
2. Subaward Date:	05/09/2012
3. Subaward Number:	5U58CD001289-03
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	These funds are being used to provide basic Quality Improvement training to 70 members of NH DPHS staff and management in a series of on-site workshops and webinars

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	New Jersey Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$950,791.00
8. Award Number:	5U58CD001290-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Activities for the full grant cycle Oct. 2012-Sept. 2013: Launching an online statewide local health performance mgmt. system. Finalize revamped Local Health Reporting Tool content. Complete PHAB Gap Assessment and Strategic Plan for State Dept. of Health. Continue quality improvement education and training for Dept. of Health employees directly and through a train-the-trainer model. Continue Healthcare Associated Infection surveillance in Ambulatory Surgical Centers and expand surveillance and educational program to hospitals. Get the City of Trenton's Health Information Exchange system launched and linking to state and community partners' data systems. Provide technical assistance to incorporate evidence-based policies and environmental changes to prevent and reduce obesity into Community Health Improvement Plans.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Trenton Health Team Inc., Trust
2. Subaward Date:	09-30-2012
3. Subaward Number:	5U58CD001290-03
4. PPHF Funding Amount:	\$179,950.00
5. Subaward Purpose:	NJDOH proposes to continue its collaboration with the Trenton Health Team to improve health outcomes via establishment of a Health Information Exchange within the City of Trenton and connecting with community partners and State agencies.

FY 2012 CDC ACA PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHI)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	North Carolina State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,037,779.00
8. Award Number:	5U58CD001291-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Center for Public Health Quality continued to focus on increasing the efficiency and effectiveness of NC DPH business operations and programmatic services using quality improvement methodology. State Center for Health Statistics continued to develop HealthStats, the web-based data dissemination tool and conducted extensive business reviews of five other states' electronic death registration systems (EDRS).

[Copy and paste additional sub-recipient sections as necessary.]

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	North Carolina Institute of Medicine
2. Subaward Date:	03/12/2012 - 09/29/2012
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$21,833.00
5. Subaward Purpose:	Purchase of service contract to convene Evidence-Based Strategies Taskforce to develop recommendations for local public health departments in identifying and implementing evidenced-based, promising, and proven practices.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	The University of North Carolina at Chapel Hill
2. Subaward Date:	03/29/2012 - 09/29/2012
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$21,928.00
5. Subaward Purpose:	Purchase of service contract to receive technical assistance to administer, monitor, and provide quality improvement expertise and leadership to the NC DPH in planning and implementing key activities of the National Public Health Improvement Initiative.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	The University of North Carolina at Chapel Hill
2. Subaward Date:	09/30/2012 - 09/29/2013
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$17,117.00
5. Subaward Purpose:	Renewal of purchase of service contract to receive technical assistance to administer, monitor, and provide quality improvement expertise and leadership to the NC DPH in planning and implementing key activities of the National Public Health Improvement Initiative.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	The University of North Carolina at Chapel Hill
2. Subaward Date:	03/29/2012 - 09/29/2012
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$10,250.00
5. Subaward Purpose:	Purchase of service contract to receive evaluation technical assistance to measure the quality, impact, and effectiveness of the Quality Improvement Training Programs offered to state, local, and partnering public health agency staff.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	The University of North Carolina at Chapel Hill
2. Subaward Date:	9/30/2012 - 9/29/2013
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$9,058.00
5. Subaward Purpose:	Renewal of purchase of service contract to receive evaluation technical assistance to measure the quality, impact, and effectiveness of the Quality Improvement Training Programs offered to state, local, and partnering public health agency staff.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	North Carolina State University
2. Subaward Date:	9/30/2011 - 9/29/2012
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$57,059.00
5. Subaward Purpose:	Purchase of service contract to provide quality improvement expertise in Lean methodology and to train and support DPH in quality improvement. A contract amendment was completed 5/21/2012 - 9/29/2012 to provide Lean training targeting DPH Branch Heads and Section Leaders, and implement Lean Kaizen Improvement Events for Administrative/Business Offices (i.e. Contracts, Human Resources and Vital Records).

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	North Carolina State University
2. Subaward Date:	9/30/2012 - 9/29/2013
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$31,328.00
5. Subaward Purpose:	Renewal of purchase of service contract to provide quality improvement expertise in Lean methodology and to train and support DPH in quality improvement.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	Appalachian District Health Department
2. Subaward Date:	9/1/2012 - 9/29/2012
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$6,000.00
5. Subaward Purpose:	Agreement Addendum to receive assistance in planning and implementing a leadership training for continuous quality improvement targeting NC DPH leadership.

Subaward information [app. es to any sub-contract w th a va ue of \$25 000 or more, and ALL sub-grants (no minimum threshold for sub-grants.)]

1. Subaward Recipient Name:	Appalachian District Health Department
2. Subaward Date:	12/1/2012 - 5/31/2013
3. Subaward Number:	5U58CD001291-03
4. PPHF Funding Amount:	\$2,600.00
5. Subaward Purpose:	Agreement Addendum renewal to continue to receive assistance in planning and implementing a leadership training for continuous quality improvement targeting NC DPH leadership.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Idaho State Department of Health and Welfare
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001292-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Idaho will use year three NPHII funds to continue the focus of strengthening the public health system in Idaho overall. The Idaho Department of Health and Welfare, Division of Public Health will engage in various quality initiatives that focus on increased efficiencies, effectiveness, and outcomes. The Division will conduct a self-assessment of accreditation readiness, as well as support local public health districts in their accreditation readiness activities. Initiatives will be implemented that encourage partnerships and collaborations across various public health partners, strengthening the system of care. Key activities will include: Partner with local public health districts in planning; Support local public health district accreditation activities; Improve the delivery of EMS continuing education opportunities; Identify business practices that can be simplified and streamlined; Explore ROI activities related to public health practices.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Panhandle Health District
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards are granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. Activities reported on during this reporting period include conduct of the initial meeting between local hospitals and Community Health Needs Assessment Coordinators; identification of secondary data sources; and development of the CHNA survey tool.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health-North Idaho Central District
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards are granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. Activities reported on during this reporting period include conduct of the initial meeting between local hospitals and Community Health Needs Assessment Coordinators; identification of secondary data sources; and development of the CHNA survey tool.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Southwest District Health
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards will be granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. Activities reported on during this reporting period are conduct of an agency-wide strategic planning meeting where methods for the development of the plan were outlined.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Central District Health Department
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards will be granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. No activities have been reported on during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	South Central Public Health District
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards will be granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. No activities have been reported on during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	

1. Subaward Recipient Name:	Southeastern Idaho Public Health District
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards will be granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. No activities have been reported on during this reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Eastern Idaho Public Health District
2. Subaward Date:	11/01/2012 - 09/29/2013
3. Subaward Number:	5U58CD001292-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Sub-awards will be granted to PHD to pursue accreditation readiness activities at the local public health district level and in conjunction with the State. No activities have been reported on during this reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001293-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Mississippi State Department of Health is focusing on two major activities required for accreditation: community health assessment/state health assessment and the further development of its Quality Improvement/Performance Management system. Additionally, MSDH will begin work on a State Health Improvement Plan and complete its PHAB self-assessment. Select quality improvement initiatives from Year Two will be completed in Year Three, and two additional quality improvement initiatives will be implemented. No subawards were made during this reporting period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Missouri Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001294-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Missouri Department of Health and Senior Services continues to develop and promote a culture of quality through staff development, accreditation readiness, quality improvement initiatives and strategic planning activities. Including: accreditation readiness through the development of a Statewide Health Assessment and Health Improvement Plan, development of a quality improvement program as required in standard 9.2 of the PHAB accreditation standards, development of a quality improvement training curriculum to ensure staff have the tools and knowledge necessary to improve quality in their every day work, and continue to support the use of an agency-wide Performance Management System through staff development and training materials.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Transtria LLC
2. Subaward Date:	06/20/2012
3. Subaward Number:	5U58CD001294-03
4. PPHF Funding Amount:	\$24,999.00
5. Subaward Purpose:	37924 - To support the development of an organizational framework and strategic direction for increasing health equity in the services provided by the Department.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Northwest Portland Area Indian Health Board
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$249,998.00
8. Award Number:	5U58CD001295-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	QI and public health accreditation technical assistance, trainings, and mini grants for 43 member Tribes.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A

4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A

4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Oklahoma State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001296-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Accreditation, quality improvement and performance management were the major focus areas during this reporting period. The main activities undertaken during this period included conducting and completing our Public Health Accreditation Board (PHAB) Site Visit for the Oklahoma State Department of Health, along with assistance provided to the Comanche County Health Department in regard to their PHAB site visit. We also led quality improvement trainings for seven county health department teams in the Oklahoma Quality Improvement Collaborative (OK-QUIC); along with separate trainings for Cleveland, McClain, and Jackson county health department staff. Additionally, trainings were held for the district accreditation coordinators throughout the state in regard to preparing for accreditation and supporting quality/performance improvement. Finally, improvement efforts continued with our Oklahoma Health Improvement Planning Team and Workgroups, LSTAT Strategic Planning Steering and STAT Teams, and Step UP performance management system and reports. Improvements have been made and are continuing to be seen as these processes progress.</p> <p>Note: There were no qualifying sub-recipients during this reporting period.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Pennsylvania Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001297-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>NPHII provides support for accelerating public health accreditation activities; performance management and improvement practices; and the development, identification and dissemination of evidence-based policies and practices.</p> <p>The Pennsylvania Department of Health (Department) is conducting activities to accelerate accreditation readiness which include a Department-wide assessment using Public Health Accreditation Board (PHAB) Standards and Measures and a State Health Assessment.</p> <p>The Department is completing the Department-wide PHAB assessment as a quality improvement exercise to determine our baseline accreditation-readiness capacity by providing quantifiable data pertaining to current capacity to achieve PHAB standards for accreditation of public health departments, clear identification of the Department's strengths in regards to these standards as well as potential areas for improvement to address gaps, and accelerated readiness to seek accreditation should there be a determination that the Department apply in the future. This information will also be used to develop a quality and performance improvement plan for the Department to address any gaps identified by the assessment.</p> <p>The Department is accelerating accreditation readiness by conducting a State Health Assessment (SHA) using the PHAB standards for SHAs as a guide. This includes collaboration with external and internal stakeholders in the development of the SHA which will summarize information on health status, health risks and healthcare services in Pennsylvania and become the foundation for a state health improvement plan.</p> <p>The Department is also implementing a best practice by utilizing expert staff from the University of Pittsburgh, Center for Public Health Practice, as consultants aiding in the development and completion of the Department-wide PHAB assessment.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Pittsburgh, Center for Public Health Practice
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001297-03
4. PPHF Funding Amount:	\$100,000.00
5. Subaward Purpose:	<p>Expert staff from the University of Pittsburgh, Center for Public Health Practice are aiding the Department in carrying out a key objective of the NPHII grant which is completion of a self assessment of the Department using PHAB standards. The assessment outcomes will be used to determine the Department's capacity for accreditation by the Public Health Accreditation Board and to determine benchmarks for the development of a performance improvement plan for the Department to address any gaps found within this assessment. This consultant is assisting the Department with staff training by introducing assessment concepts and processes; providing technical assistance related to the national standards; compiling reports for individual Bureaus that demonstrate the level of compliance with the PHAB standards and combining those results into a Department-wide assessment report; the collection and analysis of documents to determine the Department's capacity for accreditation readiness; and the identification of potential areas of improvement to address gaps. As the project progresses, the consultant will also assist the Department in identifying and managing a work group that will develop a methodology for prioritizing recommendations to address gaps that will become part of the performance improvement plan.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Policy Studies, Inc.
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001297-03
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	<p>Policy Studies, Inc., is aiding the Department in conducting a comprehensive State Health Assessment (SHA). Policy Studies provides technical assistance and consultation in managing a statewide, collaborative SHA process; provides supplemental research into strategies used by other states to develop their state health assessments; supports the Department in compiling and eliciting stakeholder input on key data elements that will be included in the SHA; and provides technical assistance and consultation in creating, conducting and analyzing a survey of external stakeholders or in eliciting external stakeholder input through alternate strategies. As the project progresses, Policy Studies will assist the Department in compiling the SHA report.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Tennessee Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$757,600.00
8. Award Number:	5U58CD001299-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The purpose of the award is to strengthen public health infrastructure for improved health outcomes. Baseline process and performance indicator measures are established, monitored, and assessed for continued improvements. Statewide community health assessments were established defining the focus for strategic and health improvements plans. Performance improvement training and strategic planning activities continued during the first fiscal quarter, September 30, 2012 through December 31, 2012, incorporating Baldrige and LEAN methodologies. These activities are prerequisites for the Tennessee Department of Health to complete voluntary accreditation with the Public Health Accreditation Board. Core technology infrastructure upgrades and improvements continued including development and implementation of a fully electronic vital event registration system with interoperability functionality with crucial public health systems such as immunizations, electronic medical records, newborn screening, and emergency preparedness.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ManTech Information Systems & Technology Corporation
2. Subaward Date:	September 1, 2011 through July 1, 2016, with payment milestones within each year.
3. Subaward Number:	5U58CD001299-03
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	The ManTech contracted services fall outside the PPHF funds reporting period requested for the sub award. The contractor (ManTech) continues to complete development and implementation of a vital records information systems (VRISM). There have not been any expenditures to report during this time frame. The VRISM development and implementation in module format will permit efficient and effective utilization of resources and collection of data moving away from a paper based vital records registration system to an electronic system. Progress continues to convert data from the legacy systems and build out the technology infrastructure. The death and birth data are the largest data sets and most requested data and are top priority in the data conversion.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,093,642.00
8. Award Number:	5U58CD001300-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>This is a high level description of the activities supported by the NPHII grant from July through December of 2012: The Office of Quality Performance and Accreditation (OQPA) was created to provide leadership and coordinate department-wide initiatives that seek to continually improve the quality and performance of California Department of Public Health (CDPH) programs and processes to enhance the services provided to Californians. Specific roles and responsibilities of this Office that this grant supports are department wide quality improvement activities, strategic planning, the State Health Assessment and Improvement Plan. While our Strategic Map was approved in April of 2012, implementation activities occurred during this reporting period. Specifically priority objectives were identified, tactics to achieve the objectives were collected and approved by the management team, and cross departmental workgroups were created to implement the tactics. Quality Improvement (QI) activities during this time period, included an all-day training for our executive management team, and two-day training sessions for four teams working on a specific QI project, coaching and mentoring was provided to these teams as they continue to work on their QI project. We continued to work with our local health departments (LHD) by providing an all-day conference on Quality Improvement and Accreditation. Attendees at this meeting have identified the need for a Network for all California Public Health accreditation coordinators. We will create a central repository where CDPH and LHD can store, exchange and download the latest information on accreditation, quality improvement and strategic planning. Local Health Department Stakeholder meetings have been conducted and a plan is in place to develop this important Network. The NPHII award has supported CDPH efforts in communicating information to stakeholders (health care providers, vendors, LHD) regarding Meaningful Use. This website provides information about the Meaningful Use Objectives, Public Health Capacity at CDPH and LHD. Meaningful Use Objectives posted include Immunization, laboratory reporting and syndromic surveillance. Additional web pages to be developed will include objectives and clinical quality measures with public health impact. In preparation for our State Health Assessment and subsequent State Health Plan we reviewed existing health assessment reports from individual programs within CDPH. This review will form a baseline for our State Health Assessment. Initial meetings were held with key internal stakeholders regarding development of a Performance Management System. A vision statement was developed based on research of system used by other states/departments. We are engaged in discussion with our e-services staff related to this project.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Patricia Porter
2. Subaward Date:	December 2012
3. Subaward Number:	5U58CD001300-03
4. PPHF Funding Amount:	\$74,900.00
5. Subaward Purpose:	<p>Patricia Porter shall provide to the California Department of Public Health (CDPH) training, mentoring, and coaching on Quality Improvement (QI) principles and practices that meet the Public Health Accreditation Board (PHAB) Accreditation requirements: Standard 9.2: Develop and Implement Quality Improvement Processes as described herein:</p> <ul style="list-style-type: none"> a) Provide ongoing communications with the Contract Manager and senior executives regarding activities, progress, and obstacles. Deliverables include but are not limited to written monthly status reports, in person progress meetings, and telephone and email updates as needed b) Provide project plans with deliverables for all Quality Improvement Teams c) On an as-needed basis, the contractor shall collaborate with CDPH staff on planning, organizing, and documenting QI trainings and meetings to fulfill the Statement of Work and work plan schedules of the contract d) Provide consultation services on the development and implementation of strategies to increase CDPH change management efforts in order to ensure the establishment of a culture of continuous quality improvement e) Provide consultation services on key elements and tools to include in basic PDCA training for all CDPH employees f) Provide consultation on identifying QI opportunities within CDPH

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$607,600.00
8. Award Number:	5U58CD001302-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Through the cooperative agreement between the Vermont Department of Health (VDH) and the National Public Health Improvement Initiative, VDH undertakes activities to prepare for public health accreditation, en

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Brattleboro Memorial Hospital
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$800
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Copley Hospital
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,020
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fletcher Allen Health Care
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,018.81
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Gifford Medical Center
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,020
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grace Cottage Hospital
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$800
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northeastern Vermont Regional Hospital
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03

4. PPHF Funding Amount:		\$1,020
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Porter Medical Center	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$1,020
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Southwestern Vermont Health Care	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$1,020
5. Subaward Purpose:	Grants were awarded to hospitals throughout Vermont to carry out community health needs assessments for the Vermont Department of Health (VDH). Each recipient conducted health assessments using a steering	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Rutland Regional Planning Commission	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Northeast Kingdom Learning Services, Inc	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Village of Essex Junction	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Central Vermont Regional Planning Commission,	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Franklin County Caring Communities	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	
4. PPHF Funding Amount:		\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.	

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Franklin Central Supervisory Union	
2. Subaward Date:	9/30/12	
3. Subaward Number:	5U58CD001302-03	

4. PPHF Funding Amount:	\$2,000.00
5. Subaward Purpose:	The purpose was to implement VDH's Healthy Community Design initiative to increase access to physical activity and/or healthy food.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Boys and Girls Club of Vergennes
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,000.00
5. Subaward Purpose:	The purpose was to implement Vermont's Healthy Retailer initiative in three, local, "mom and pop" stores. The goal of this initiative is to increase access to healthy food and decrease access, and exposure to, alcohol and tobacco products and advertising.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Black River Area Community Coalition
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,000.00
5. Subaward Purpose:	The purpose was to implement Vermont's Healthy Retailer initiative in three, local, "mom and pop" stores. The goal of this initiative is to increase access to healthy food and decrease access, and exposure to, alcohol and tobacco products and advertising.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Chittenden East Supervisory Union
2. Subaward Date:	9/30/12
3. Subaward Number:	5U58CD001302-03
4. PPHF Funding Amount:	\$1,000.00
5. Subaward Purpose:	The purpose was to implement Vermont's Healthy Retailer initiative in three, local, "mom and pop" stores. The goal of this initiative is to increase access to healthy food and decrease access, and exposure to, alcohol and tobacco products and advertising.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Wyoming Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001303-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The NPHII award provides funding that continues to assist the state of Wyoming in performing the tasks that will prepare the Public Health Division and Department of Health to apply for national public health accreditation. The last six months of calendar year 2012 were devoted to strategic planning for the Public Health Division, training agency staff in performance management techniques and public grants management, and working toward developing specific performance metrics for the Chronic Disease section of the Public Health Division. In addition, all programs in the Department of Health finished the first complete year of performance reporting via our HealthStat initiative, resulting in completed performance documentation (goals, objectives, and metrics) for SFY12. None of the Year 3 funding was expended between September 30 and December 31.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	City of San Antonio Metropolitan Health District
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001304-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The focus for this period was on transitioning the previous PIM out and bringing on a new PIM who started in October. Four fiscal employees were registered for a fiscal training on Advanced Excel which was purchased this summer. Our executive team requested more in depth resources regarding quality improvement in preparation for the launching of the accreditation process. The Public Health Handbook on Quality Improvement and the Public Health Quality Improvement Encyclopedia was provided for the executive leadership team. Monthly grand rounds were implemented as a way to increase workforce knowledge and development about various Public Health topics. Finally the manager's retreat was held to kickoff accreditation efforts as the goal for 2013 is to submit a letter of intent for accreditation. This part of the year was focused on planning our efforts to meet many goals for 2013. Only one contract was created for the fiscal training. All other contracts are to be implemented in early 2013 with carryover funds. We did not have any subawards that met the threshold required of \$25000 or greater.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Georgia State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$498,489.00
8. Award Number:	5U58CD001305-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Georgia Department of Public Health (DPH) has worked to improve the DPH infrastructure. This work will use the Accreditation Standards established by the Public Health Accreditation Board (PHAB) as a guiding framework to inform the process and quality improvement work that has been undertaken. Using the PHAB framework provides an effective structure for guiding the work but also ensure an increase the readiness of Georgia's DPH toward achieving accreditation. The Office of Performance Improvement (OPI) is using its funds to support work in the following areas:</p> <ol style="list-style-type: none"> 1) Strategy Refinement and Implementation 2) Functional Infrastructure <ol style="list-style-type: none"> a) Informatics b) Workforce c) Core Processes- e.g., Contracts, Grants, Financial Reporting, HR 3) Cross Jurisdictional Engagement: District Accreditation and Process Improvement Support <ol style="list-style-type: none"> a) Readiness Assessment b) Funding for MAPP work c) Training and TA 4) Process Improvement Training 5) Targeted Process Improvement Initiatives <p>Note: The grant did not have any sub-awards meeting the reporting requirements for this period.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001306-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Activities support departmental programs and local health department use of performance management strategies to routinely evaluate and improve the effectiveness of their organizations, practices, partnerships, programs, use of resources, and ultimately the impact they have on public health. The NYSDOH NPHII grant established the Performance Management Group to have founded improvement methods practiced in all aspects of business, thus promoting a collaborative learning environment approach where internal and external expertise is utilized and a culture of improvement is fostered. Key activities include: Performance management consultation; Accreditation readiness; Strategic planning; and Improvement Project facilitation and performance measure development.</p> <ul style="list-style-type: none"> • Strategic planning workshops were completed. A NYSDOH Strategic Map was reviewed and revised. Two State level improvement projects are underway for hepatitis C surveillance and laboratory certification process. • NYSDOH 12 Domain Teams have completed the accreditation readiness process during which approximately 80% of required documentation was identified. The Council's Public Health Committee is leading the development of the State Health Improvement Plan (SHIP), an accreditation pre-requisite. The SHIP is currently being finalized. • An on-line QI tutorial was developed and available on our public Learning Management System. Training for Improvement Leaders (TIL) is fully developed and was offered twice with 30+ state and local managers in attendance. • Areas for Performance Improve Projects (PIP) and leadership and membership for Quality Teams have been identified. Completed first draft of the State QIP and will refine it with assistance from CDC. Implementation of QI change cycles is underway. • Improvements being carried out daily across the agency are being documented as "Improvement in Practice" one-pagers to use in marketing and training across the agency. • Provided assistance with strategic planning efforts in areas of: immunization, administration, health systems management, nutrition, and laboratory. • Presentation to groups of local partners stimulated QI interest. Focus will continue on creating new online tutorials and in-person training opportunities to increase QI knowledge and capacity to carry out eventual QI change cycles. • A website has been developed and launched to drive the PM/QI culture change.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TSI Consulting Partners, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001306-03
4. PPHF Funding Amount:	\$40,500.00
5. Subaward Purpose:	Through workshops, facilitate the development and documentation of a strategic plan for a parts of the NYSDOH organization to identify strengths/weaknesses, define and prioritize strategic objectives, create implementation tracks of work and address areas of improvement.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001307-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	IDPH has used NPHII funds to work toward accreditation and establish quality improvement initiatives across the agency. It's largest QI effort has been the purchase and implementation of an electronic grants management system (eGMS). Between 7/2012 and 12/2012, IDPH wrote and posted a request for bids for an eGMS. Evaluated and scored the bids it recieved. Selected the best bid and had an executed contract with the selected vendor by 2012.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	HTC Global Services
2. Subaward Date:	12/31/2012
3. Subaward Number:	5U58CD001307-03
4. PPHF Funding Amount:	\$170, 480.00
5. Subaward Purpose:	To implement an Electronic Grants Management System (eGMS) that will allow for an efficient paperless web-based Grants Management System. This system will eventually contain several years of grant information and will feed a proposed agency data warehouse. This system, which will be used by external grant applicants and reviewers. Illinois Department of Public Health (IDPH) staff, will completely re-engineer its current grant processes resulting in a more efficient and effective way to serve our grantees. IDPH's vision for the Electronic Grant Management System includes four major components. These components are a Grant Designer, On-line Grant Application, Grant Approval & Review Workflow, and Report Generation. Additionally, the eGMS will support grant monitoring, automated grantor/grantee communications, and post IDPH grant period analytics.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Indiana State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001308-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Facilitation of Lean Six Sigma Green Belt Public Health training for two groups of 8 and Lean Six Sigma Yellow Belt Public Health training for two groups of up to 20 each, both with training in Lean Six Sigma methodologies and implementation of Lean Six Sigma projects as a requirement of all training. Evaluation of the Indiana State Health Improvement Plan. Implementation of a district Community Health Assessment. Facilitation of the National Public Health Performance Standards Assessment for state partners.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	High Performance Government
2. Subaward Date:	11-01-2011
3. Subaward Number:	5U58CD001308-03
4. PPHF Funding Amount:	\$91,000.00
5. Subaward Purpose:	Perform a district strategic plan with six local health departments. Conduct a district environmental scan; develop a district vision, mission and strategic priorities; develop SMART goals; develop sustainable infrastructure; and develop and submit a final report.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Purdue University
2. Subaward Date:	10/30/11
3. Subaward Number:	5U58CD001308-03
4. PPHF Funding Amount:	\$201,095.00
5. Subaward Purpose:	Facilitation of Lean Six Sigma Green Belt Public Health training for two groups of 8 and Lean Six Sigma Yellow Belt Public Health training for two groups of up to 20 each, both with training in Lean Six Sigma methodologies and implementation of Lean Six Sigma projects as a requirement of all training. Evaluation of the Indiana State Health Improvement Plan. Implementation of a district Community Health Assessment. Facilitation of the National Public Health Performance Standards Assessment for state partners.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001309-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	In summary, grantee activities during the reporting period included ongoing work related to performance management, quality improvement, and accreditation readiness. Specific activities included the following: initiating implementation of the state health improvement plan by deploying community coalitions; continued establishment of a state health department office of Performance Improvement and Management; organizing for continued state health department strategic planning; review of the Michigan public health code across jurisdictions to clarify local authority and improve the understanding of and conformance with legal and regulatory public health obligations; planning for a state health department organizational self-assessment against national Public Health Accreditation Board standards; organizing and providing oversight of the development of state health department customer satisfaction surveys; increasing state program efficiency and effectiveness by identifying and organizing two quality improvement teams; establishing and hiring a performance improvement specialist to assist the Public Health Administration with ongoing performance management and accreditation readiness activities; developing and disseminating AccREADYness (an inaugural Michigan-specific electronic accreditation readiness newsletter for local and tribal practitioners); conducting "in-person" quality improvement and performance management training for state, local, and tribal public health practitioners; preparing for accreditation readiness mini-grants to four local or tribal health departments including assurance of dissemination of a request for proposals; and planning for roll-out of a newly developed on-line web-based quality improvement and performance management tutorial for use by state, local and tribal practitioners in Michigan and across the country.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Michigan Public Health Institute
2. Subaward Date:	10/1/2012
3. Subaward Number:	5U58CD001309-03
4. PPHF Funding Amount:	\$244,565.00
5. Subaward Purpose:	The purpose of the sub-award is to support the Michigan Department of Community Health's work under the National Public Health Improvement Initiative (NPHII) grant. The Michigan Public Health Institute (sub-awardee) is a non-profit organization that works in cooperation with the Michigan Department of Community Health to support public health initiatives. The following activities were accomplished: 1) Hired a performance improvement specialist position seated within the MDCH Public Health Administration. The position assists with performance management activities and state health department accreditation readiness work. The sub-awardee advertised the position, reviewed resumes, conducted interviews, performed background checks, contacted references, and selected, hired, and oriented the preferred candidate. 2) Planned for the provision of training and technical assistance to two state-level PHA teams to complete QI projects with the goal of achieving increased efficiency and/or effectiveness of programs and services. 3) Finalized customer satisfaction survey instruments, developed survey implementation protocols, fielded three state-level program customer satisfaction surveys, and planned for data analysis. 4) Planned for two staff-guided training opportunities via 1-hour teleconferences to selected state, local, and tribal health department staff. 5) Began coordination of the application and award of four mini-grants to Michigan local or tribal health departments to support completion of Public Health Accreditation Board (PHAB) pre-requisites or to be applied toward PHAB application fees. 6) Printed copies of Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook and obtained other public health QI resources to be used to support building capacity for public health quality improvement within Michigan. 7) Planned for roll-out of an on-line web-based quality improvement and performance management tutorial for use by public health practitioners, and, 8) Conducted quality improvement and performance management training for public health practitioners attending the Michigan Premier Public Health Conference.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Nebraska State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$657,600.00
8. Award Number:	5U58CD001310-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The National Public Health Improvement Initiative (NPHII) – Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance – provides support to health departments or their bona fide agents for accelerating public health accreditation readiness activities; performance management and improvement practices; and the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are also encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects. NPHII measurable outcomes align with the following performance goals: 1) Increased efficiencies (saving time/money) of program services and/or operations, 2) Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcomes, improved quality of services, reach for a given target population, customer satisfaction are all indicators of effectiveness) and, 3) Increased readiness for applying to and achieving accreditation by the Public Health Accreditation Board PHAB (http://www.phaboard.org/).

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Board of Regents of the University of Nebraska, University of Nebraska Medical Center
2. Subaward Date:	11/01/2012
3. Subaward Number:	5U58CD001310-03
4. PPHF Funding Amount:	\$75,000.00
5. Subaward Purpose:	The University continued to refine and implement the Nebraska Health Policy Academy, which provides training to Nebraska's public health workforce on local public health policy development.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Board of Regents of the University of Nebraska, University of Nebraska Medical Center
2. Subaward Date:	11/01/2012
3. Subaward Number:	5U58CD001310-03
4. PPHF Funding Amount:	\$90,000.00
5. Subaward Purpose:	The University continued to partner with the Nebraska Department of Health and Human Services to develop the Joint Public Health Data Center that aims to improve public health in Nebraska by enhancing data quality and utilization by combining resources from both organizations. The Joint Public Health Data Center continues to 1) enhance data standardization and integration, 2) provide analysis for public health decision-making and research, 3) improve data dissemination, 4) expand the web-based public health data query system, and 5) improve the level of data analysis. The Joint Public Health Data Center is expanding the geocoding project based on the public health data inventory list. The Joint Public Health Data Center is completing the data inventory list and will make it accessible online. They are also working on a data linkage project.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Board of Regents of the University of Nebraska, University of Nebraska Medical Center
2. Subaward Date:	11/01/2012
3. Subaward Number:	5U58CD001310-03
4. PPHF Funding Amount:	\$20,000.00
5. Subaward Purpose:	The University is developing an economic and programmatic return on investment study of the Tobacco Free Nebraska Quitline that will help show the value of this tobacco prevention strategy. The University will implement the project, analyze data, and summarize the results over the next six to nine months.

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Report Information	
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2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Oregon Department of Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$893,662.00
8. Award Number:	5U58CD001311-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Oregon's grant funded activities are on track for the first quarter of year 3. A competitive request for applications was conducted in support of distributing grant funds to Local Public Health Authorities (LPHAs). Three LPHAs will be funded from January 2 through June 30, 2013. The contract with the Coalition of Local Health Officials has been extended to support a local accreditation manager who is focused on accelerating local accreditation readiness. Public health system wide technical assistance continues through the Accreditation Work Group that meets every two months. The Oregon Public Health Division (PHD) is identifying, reviewing and scoring documents in support of our accreditation application. Almost 40 volunteers across the Division are reviewing and scoring documents drawn from across our organization; staff is also participating in temporary work groups to identify gaps in our documentation. PHD has accelerated development of a division-wide performance management system. All sections have submitted performance measures based on the Balanced Scorecard framework. All sections have been scheduled for quarterly program reviews in 2013. Additionally, PHD is building alignment between our emerging performance management system and the agency scorecard under construction by the Oregon Health Authority. PHD is providing key data and performance measure definition for this broader effort. Other projects in process include implementation of our agency strategic plan, expanded pilot of the employee feedback process, analysis of Education sector partnerships, and implementation of Transportation projects identified in our year 2 work plan. The Oregon Public Health Assessment Tool (OPHAT) is in final testing before deployment of phase 1 functionality.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Portland State University sub-grant award
2. Subaward Date:	10/31/2012
3. Subaward Number:	5U58CD001311-03
4. PPHF Funding Amount:	\$9,000.00
5. Subaward Purpose:	<p>PURPOSE Collaborate with Public Health Division (PHD) staff to implement findings of the spring 2012 transportation and health white paper, and develop strategies to sustain collaboration between PHD and the Oregon Department of Transportation.</p> <p>Activity 1: Kickoff Meeting</p> <ul style="list-style-type: none"> Participate in kickoff meeting to provide background on the PHD transportation and health white paper (spring 2012), and current status of activities underway between the Public Health Division (PHD) and the Oregon Department of Transportation (ODOT). Reach consensus on deliverables outlined in this grant. Identify PHD staff participating in grant activities and required planning meetings. Deliverable 1: Public Health Division Leadership Team -approved project deliverables with schedule for planning meetings and status updates, September 1, 2012

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Portland State University sub-grant award
2. Subaward Date:	12/26/2012
3. Subaward Number:	5U58CD001311-03
4. PPHF Funding Amount:	\$18,000.00
5. Subaward Purpose:	<p>Activity 2: Conduct Planning Meetings and Submit Status Updates</p> <ul style="list-style-type: none"> Schedule planning meetings at agreed-upon frequency. Develop meeting agendas. Provide to Public Health Division Leadership Team and participating staff at least two days in advance of each meeting. Update project documentation with meeting decisions, issues and risks. Develop status update format. Submit project status updates at agreed-upon frequency. Deliverable 2: Completed planning meetings and status updates at a minimum biweekly frequency through December 31, 2012 <p>Activity 3: Written Analysis of Priority Areas and Recommended Strategies</p> <ul style="list-style-type: none"> Draft written analysis of transportation priority areas, including draft partnership and policy strategies. Update document(s) with feedback no later than ten (10) business days of receipt of edits. Deliverable 3: Draft analysis and strategies delivered to Public Health Leadership Team, November 1, 2012 <p>Activity 4: Final Transportation and Health Implementation Plan</p> <ul style="list-style-type: none"> Final transportation and health implementation plan document. Deliverable 4: Approved final plan, December 31, 2012

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Ohio Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001313-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Ohio Department of Health (ODH) utilizes the grant to engage in activities that will strengthen public health outcomes. ODH is continuing to work in partnership with Ohio public health stakeholders and 125 local health departments (LHDs) to accelerate accreditation readiness and engage in continuous quality activities. In year three, a learning community will be established to allow opportunities for LHDs to share learning in preparation for accreditation application such as the how to complete pre-requisite documents. During this reporting period we are continuing to be staffed with the Performance Improvement Manager who manages the grant and coordinates all grant funded activities to include internal CQI. Ohio's Profile and Performance Database (OPPD) which is a technology based reporting tool that allows LHDs to self-assess their accreditation readiness based on the PHAB standards version 1.0 is continually being enhanced based on customer feedback and needs.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Ohio Department of Health Management Information Systems (OMIS)
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001313-03
4. PPHF Funding Amount:	\$35,000.00
5. Subaward Purpose:	In year one of this grant funding ODH in collaboration with the Ohio Voluntary Accreditation Team (OVAT) has worked with OMIS to develop a technology-based reporting tool. The tool is named Ohio's Profile and Performance Database (OPPD). Each year money is allocated to continue enhancing the tool based on customer feedback and needs. During this reporting period enhancements that have been made are adding the functionality to allow ODH and LHDs to upload accreditation pre-requisite documents, add a welcome paragraph to the landing page and move some things from various locations so access is more appropriate.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001314-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Utah Association of Local Health Departments (UALHD)
2. Subaward Date:	9/30/2012
3. Subaward Number:	5 U58CD001314-03
4. PPHF Funding Amount:	\$130,305.00
5. Subaward Purpose:	UALHD represents all 12 Local Health Departments (LHDs) in Utah, covering all 29 counties. The subaward provides for a Local Performance Improvement Manager (PIM). The Local PIM is hired and supervised by the Executive Director of the UALHDs. The person in this position works closely with the Utah State PIM and focuses on working with and local health departments (LHDs) representing local perspectives on statewide programs/issues related to performance improvement, quality improvement and accreditation preparation. Specifically, the Local PIM provides consultation, technical assistance, Quality Improvement and strategic planning, health assessment and health improvement plan facilitation. The Local PIM supports a group of LHD staff to coordinate across LHD jurisdictions on accreditation issues, sharing information and lessons learned. The Local PIM also helps plan and coordinate large quality improvement programs including the Performance Improvement Boot Camp, the Annual Learning Congress and the Statewide Health Improvement Plan activities. In addition, funds are spent on books, training materials and logistics for grant required meetings and retreats. The Local PIM frequently travels to LHD offices in urban and rural locations to provide these services.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	West Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$657,600.00
8. Award Number:	5U58CD001315-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	West Virginia's Bureau for Public Health will be planning performance management and quality improvement initiatives around outcomes from our State Public Health System Assessment and Workforce Assessment as well as implementing activities that will assist in accreditation readiness of state and local public health agencies. Year 3 grant activities will include quality improvement and performance management initiatives identified through the State Public Health Assessment, a focus on effective administration through the strategic planning process, implementing activities to assist in accreditation readiness for the state health department, focusing on improving the quality and effectiveness of our state health department workforce, and identifying and implementing performance management and quality improvement projects throughout the Bureau to improve efficiencies. At this time, we do not have any obligated expenditures to report that meet the reporting criteria.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	At this time, we do not have any obligated expenditures to report that meet the reporting criteria.
2. Subaward Date:	
3. Subaward Number:	
4. PPHF Funding Amount:	
5. Subaward Purpose:	

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$993,662.00
8. Award Number:	5U58CD001316-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The Wisconsin Public Health Improvement Initiative (WPHII) is working to complete multiple activities focusing on three areas: national accreditation and accreditation readiness of state, local and Tribal health departments, quality improvement, and performance management. Activities include technical assistance and consultation to the state, local and Tribal health agencies to support accreditation, enhanced effectiveness and efficiencies toward improving health outcomes using quality improvement processes, engagement of partners to leverage and coordinate resources, and continued development of the infrastructure needed to improve performance measures to assure quality improvement. Wisconsin is completing a Request for Application (RFA) from local and Tribal health departments in preparation for national PHAB accreditation and implementation of quality improvement and performance management initiatives with a start date of 1/01/2013. The WPHII project received final internal approval from the communication team of the department to launch its web-based quality improvement module; finalized aligning project and DPH regional office staff to define roles, responsibilities, assess training needs, and capacity. Other activities in process are competency-based job descriptions, a performance management plan and strategic tracking tools, finalizing its YR2 interview project evaluation, and hiring project-related staff. A training plan in process of completion will address strengthening staff knowledge, skills, and abilities in order that they are able to provide quality improvement/performance management/accreditation resources, technical assistance, leadership, and consultation with local and Tribal health departments. Wisconsin received its Final Grant Award on 12/20/12. Due to the late date in receiving the Final Grant Award for funding, Wisconsin has made no contracted services with Subaward recipients during 7/2012-12/2012. No Subaward recipient activities were performed to report on.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Alaska State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001317-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Public Health quality and performance improvement activities include accreditation prerequisites, statewide health assessment and improvement planning, agency strategic planning, quality improvement training, and performance improvement initiatives.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alaska Center for Public Policy
2. Subaward Date:	05/01/2011
3. Subaward Number:	5U58CD001317-03
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Contract for professional consultation, facilitation, and planning services related to statewide health assessment and improvement planning.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Washington Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001318-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Thirty seven (37) people participated in a day-long Learning Congress that provided an opportunity to learn about year 2 mini-grantee activities: ten (10) staff members from the three Performance Management Centers for Excellence, 17 staff members from the eight (year 3) mini-grant sub-awardees, seven (7) DOH staff members, 1 staff member from the Northwest Portland Area Indian Health Board and 2 staff members from the Northwest Center for Public Health Practice.</p> <p>Eleven (11) mini grantee staff members and six (6) Washington Department of Health Performance Management Center for Excellence staff participated in an all-day training meeting with MarMason Consulting which provided consulting and support for ongoing quality improvement projects.</p> <p>Twelve (12) members from three mini-grant sub-recipients participated in pre -evaluations conducted by the Northwest Center for Public Health Practice.</p> <p>Seven (7) staff members from the three Performance Management Centers for Excellence participated in Center's business meeting.</p> <p>Four (4) Performance Management Centers for Excellence staff members provided technical assistance and support to eight (8) LHJs to prepare for the Learning Congress and apply for year 3 mini-grant funding.</p> <p>Seventeen (17) technical assistance consultations were provided from Center staff to nine (9) local health jurisdictions and one (1) tribe; technical assistance was provided to six (6) other states; and five (5) Center staff participated in the Joint Health Conference.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Tacoma-Pierce County Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Provide funding for the Tacoma-Pierce County Health Department to operate as a Public Health Performance Management Center for Excellence (Center). The Center trains and provides consulting and technical support to nine regional LHJs: Clallam, Island, Jefferson, Kitsap, San Juan, Seattle and King, Skagit, Snohomish, and Whatcom; as well as 17 tribal entities: Jamestown S'Klallam, Lower Elwha, Makah, Quileute, Hoh, Port Gamble S'Klallam, Suquamish, Puyallup, Muckleshoot, Snoqualmie, Upper Skagit, Samish, Stillaguamish, Tulalip, Lummi, Nooksack, and Sauk-Suiattle. The LHJs focus will be to assist regional LHJs and tribal entities to prepare for Washington State Public Health Standards and/or National Public Health Accreditation, improve performance through better performance management, including strategic planning, community health assessment, community health improvement plans, quality improvement, measuring and reporting service delivery, with a particular focus on Public Health Standards and Accreditation.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Spokane Regional Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$60,000.00
5. Subaward Purpose:	Provide funding for the Spokane Regional Health District to operate as a Public Health Performance Management Center for Excellence (Center). The Center trains and provides consulting and technical support to 13 regional LHJs: Adams, Asotin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, Northeast Tri-County; Okanogan, Spokane, Walla Walla, and Whitman as well as three tribal entities: Kalspel, Confederated Tribes of Colville, and Spokane. The LHJ's focus will be to assist regional LHJs and tribal entities to prepare for Washington State Public Health Standards and/or National Public Health Accreditation, improve performance through better performance management, including strategic planning, community health assessment, community health improvement plans, quality improvement, measuring and reporting service delivery, with a particular focus on Public Health Standards and Accreditation.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Benton Franklin Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	Provide funding for the LHJ to complete a Community Health Improvement plan (CHIP) based on a completed Community Health Assessment (CHA), to move toward public health accreditation readiness. This project addresses Public Health Accreditation Board Standards and Measures Version 1.0, Standard 5.2.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clallam County Health and Human Services
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00

5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic, HHS Archive Project, addresses an area of need prioritized by the LHJ that responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A1, addressing an administrative area.</p> <p>HHS has multiple programs and sections. Although all use the state guidelines for archiving that determines what is to be saved and for how long, there is much variance on interpretation and procedures for doing so. When archived data must be retrieved, it is causing difficulties and involving staff time. This reduces time spent providing customer service.</p> <p>Their goal is to make the archiving and retrieving process more user friendly and streamlined, to free up staff to provide improved customer service.</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Grant County Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic, Onsite Sewage Program Efficiency, addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A1, addressing a program area.</p> <p>By October 1, 2013 the Onsite Sewage Program of the Grant County Health District will become a projected revenue neutral program through a minimum of 20% reduction of Environmental Health Specialist staff time per service.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Island County Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic will be "Improve on-site inspection/permitting process." This project addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing a program area.</p> <p>The project will standardize and streamline the process for reimbursements for Onsite Sewer Inspection and Permitting. Funds support a quality improvement project that will track the time from installment to issuance of reimbursement, define a customer-focused timeframe, and to set practices in place to meet the defined timeframe.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kitsap Public Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Build on the quality improvement training provided under the original statement of work and provide funding for the LHJ to carry out a quality improvement project. The project topic, Program Process Evaluation and Technical Audit, addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing an administrative area.</p> <p>Their goal is to develop a standard methodology to: proactively map and analyze program business processes; identify and implement opportunities to leverage the use of technology; and provide training in use of appropriate software.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kittitas County Public Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic, Environmental Health (EH) Performance Measure Data Collection, addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing an administrative area.</p> <p>Their mission is to improve the EH administrative data entry, reporting, and collection processes to reduce time spent and staff frustration.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Snohomish Health District
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic of Public Records Requests addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing an administrative area.</p> <p>Their goal is to process 98% of external requests for environmental health public records from receipt of request to records made available within 10 business days while reducing the number of clarification calls to requestors of public records.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Whatcom County Health Department
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$10,000.00
5. Subaward Purpose:	<p>Provide funding for the LHJ to carry out a quality improvement project. The project topic, WIC Screening and Processes Improvement Project, addresses an area of need prioritized by the LHJ. The project responds to Public Health Accreditation Board Standards and Measures Version 1.0, 9.2.2A, addressing a program area.</p> <p>Their goal is by March 1, 2013, reduce screening time for clients receiving WIC and MSS screening by at least 30% and by August 1, 2013 reduce average WIC appointment times by 20% for WIC eligibility appointments.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northwest Center for Public Health Practice (NWCPHP)
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$22,672.00
5. Subaward Purpose:	Conduct evaluations for three focus areas: 1) Continue Building the Performance Management Centers for Excellence Infrastructure and 2) Quality Improvement Projects; and 3) the effectiveness in building the expertise of Standards and Accreditation coordinators in a select sample of 8 LHJs and 6 tribes in Washington State.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MarMason Consulting LLC
2. Subaward Date:	10/01/2012
3. Subaward Number:	5U58CD001318-03
4. PPHF Funding Amount:	\$17,800.00
5. Subaward Purpose:	Continue to build capacity in the three established Public Health Performance Management Centers for Excellence (Centers) by: <ul style="list-style-type: none"> • Developing and presenting performance management consulting and technical assistance training and toolkits • Developing, presenting and coaching intern trainers in performance management training curriculum, trainers notes, and toolkits. • Providing consultation and technical assistance for eight selected quality improvement initiatives in local health jurisdictions or tribal entities.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Rhode Island Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001319-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Rhode Island is using the funding to advance the work in preparation to apply for accreditation through the Public Health Accreditation Board. Activities include formulation of a QI team and beginning QI effort; development and tracking of program Performance Measures; initiating work to design the three accreditation pre-requisites, as well as assembling and appointing an Accreditation team to begin gather documentation.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Texas Department of State Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$500,000.00
8. Award Number:	5U58CD001320-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Activities during this award period will include assessing agency resources related to accreditation, working with local health departments to move towards accreditation, increasing state laboratory efficiency and effectiveness through Lean and Six Sigma training and implementation, increasing vital statistics quality through training and improved data collection, initiating HIT policy development, and providing training to leadership and staff on quality improvement and return on investment analysis. No contracts for these activities have been awarded or obligated for this report period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Cherokee Nation Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$843,662.00
8. Award Number:	5U58CD001321-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The purpose of this National Public Health Improvement Initiative (NPHII) program "Strengthening Public Health Infrastructure for Improved Health Outcomes" is to provide support for accelerating PH accreditation readiness activities; to provide additional support for performance management and improvement practices; and for the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.). This program supports the Healthy People 2020 focus area of addressing Public Health Infrastructure.</p> <p>Cherokee Nation (CN) strives to expand and improve its Tribal PH System (TPHS) for the betterment of the health, well-being and happiness of the Cherokee people as well as ALL people residing within CN's Tribal Jurisdictional Area. CN is in the final stages of successfully completing the steps to have its TPHS successfully achieve accreditation via the Public Health Accreditation Board (PHAB). As a result of undertaking the accreditation process CN is completing a Tribal Health Assessment (THA), a Tribal Health Improvement Plan (THIP) and a Tribal Public Health Strategic Plan (TPHSP). CN is using the THA, THIP & TPHSP to develop and produce its first ever "State of the Nation" annual health report. NPHII funding has provided CN the means to begin to establish an infrastructure that supports health surveillance and epidemiological efforts. This allows CN to identify its own health indicators and begin to collect, review, and analyze data specific for the needs of CN. In turn, CN is able to gather a more accurate understanding of the status of CN. Thereby, allowing CN to be more resourceful and efficient when allocating CN's resources and efforts to geographical areas, populations and issues having the greatest need within CN. The ability to collect CN specific data is allowing CN to produce meaningful reports and digital stories "by Cherokee for Cherokee" to inform and educate about the statuses, needs, disparities, goals and plans of the CN. CN is in the process of developing a Performance Management System (PMS) that is tailored for CN's TPHS. It is CN's goal to use this PMS as a tool to implement PI and QI efforts and to establish an evaluation process for its programs and PH efforts. CN is working on developing and maintaining an interactive and culturally appropriate "CN Tribal Public Health" website containing current and relevant information about public health matters in CN. CN is working on increasing PH competencies of current CN employees and promoting growth of a future Tribal PH workforce. Knowledge and insight gained from being a recipient of the NPHII program provides CN the ability to be a mentor to other Tribes and State/Local health departments to promote the establishment and/or strengthening of Tribal involvement/usage in PHAB accreditation efforts as well as to assure more Tribes are contributing and being included in the planning and carrying out of PH efforts.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001322-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Colorado's local public health agencies are collaborating with CDPHE to create and implement a coordinated statewide public health improvement system. A consistent process for assessment and planning enables state and local partners to identify public health priorities and more effectively direct resources to improve health outcomes. Colorado's Health Assessment and Planning System (CHAPS) offers standardized tools and templates for the collection and analysis of community-specific data, the prioritization of community health issues, and the development of a local public health improvement plan. Guidance and products are under continual development based on lessons learned from current field experience and standards developed by the National Public Health Accreditation Board. This funding is leveraged with other funding to ensure that all counties in Colorado are supported with technical assistance, tools, and start-up resources to complete an assessment and public health improvement process that will inform the next statewide plan.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TELLER COUNTY GOVERNMENT
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	LINCOLN COUNTY
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	KIT CARSON CNTY HLTH & HUMAN S
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	CHEYENNE COUNTY
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	LAKE COUNTY
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00

5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	JEFFERSON CO DEPT OF PUBLIC HEALTH
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$6,250.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	COMMUNITY HEALTH SERVICES INC
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$1,666.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	GARFIELD COUNTY
2. Subaward Date:	07/17/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$1,666.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	SUMMIT COUNTY GOVERNMENT
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	CHAFFEE COUNTY
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	GILPIN COUNTY
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	PARK COUNTY
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00

5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	ELBERT COUNTY GOVERNMENT
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	GRAND COUNTY
2. Subaward Date:	07/18/2012
3. Subaward Number:	5U58CD001322-03
4. PPHF Funding Amount:	\$2,500.00
5. Subaward Purpose:	These funds were provided to local public health agencies as start-up resources to support their community health assessment and public health improvement planning processes. The local public health agencies are required to report their experiences throughout the process to decrease barriers for other agencies; inform and improve upon technical assistance; and identify their success stories to share with others. Using this work, the Office of Planning and Partnerships has developed guidance, templates and tools based on the experiences of pilot projects for use throughout the state.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$993,662.00
8. Award Number:	5U58CD001323-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The Massachusetts Department of Public Health (DPH) NPHII cooperative agreement is intended to accelerate preparation for national accreditation of the state health department, expand adoption of Quality Improvement and Performance Management theory and practice within and across agency bureaus, and implement projects to strengthen the state's public health infrastructure, as follows:</p> <ul style="list-style-type: none"> • Continue the development of five new public health districts that together comprise 48 cities and towns with almost one million people located in different geographic regions of the state to share staff and services, including food protection, infectious disease control, and community sanitation. • Expand municipal adoption of the Mass. Virtual Epidemiologic Network (MAVEN), a state-of-the-art, online infectious disease control system, to 95% of cities and towns. • Enhance web-based functionality and improve user interfaces for the Massachusetts Community Health Information Profiles (MassCHIP) system, linking over three dozen state data bases to provide the state's most powerful population health research and planning tool. • Complete the prerequisites for application for Public Health Accreditation Board accreditation, including state health assessment, state health improvement plan, and agency strategic plan. • Expand utilization of Quality Improvement and Performance Management through a train-the-trainer model involving 4 new teams drawing from 5 different state health department bureaus • Conduct quality improvement projects to modernize Food Protection Program inspections using electronic technology, streamline licensure of health care facility construction projects, and develop a billing system with revenue retention for state laboratory testing for sexually transmitted infections.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Fitchburg
2. Subaward Date:	02-Oct-12
3. Subaward Number:	INTF1100P01203816183
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	Implementation of Public Health District Incentive Grant program objectives detailed in the cooperative agreement to improve regional public health infrastructure through formal collaboration of municipal public health boards participating in the district.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	BERKSHIRE REGIONAL PLANNING COMMISSION
2. Subaward Date:	02-Oct-12
3. Subaward Number:	INTF1100P01203816180
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	Implementation of Public Health District Incentive Grant program objectives detailed in the NPHII cooperative agreement to improve regional public health infrastructure through formal collaboration of municipal public health boards participating in the district.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Methuen
2. Subaward Date:	20-Dec-12
3. Subaward Number:	INTF1100P01203816182
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	Implementation of Public Health District Incentive Grant program objectives detailed in the NPHII cooperative agreement to improve regional public health infrastructure through formal collaboration of municipal public health boards participating in the district.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Salem
2. Subaward Date:	02-Oct-12
3. Subaward Number:	INTF1100P01203816184
4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	Implementation of Public Health District Incentive Grant program objectives detailed in the NPHII cooperative agreement to improve regional public health infrastructure through formal collaboration of municipal public health boards participating in the district.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Worcester
2. Subaward Date:	19-Oct-12
3. Subaward Number:	INTF1100P01203816181

4. PPHF Funding Amount:	\$27,000.00
5. Subaward Purpose:	Implementation of Public Health District Incentive Grant program objectives detailed in the NPHII cooperative agreement to improve regional public health infrastructure through formal collaboration of municipal public health boards participating in the district.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Health Resources in Action
2. Subaward Date:	04-Dec-12
3. Subaward Number:	INTF2330M04802614081
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Technical Assistance on Community Health Assessments for all of the Public Health District Incentive Grant program grantee districts, according to objectives of the NPHII cooperative agreement.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Hub Technical Services, LLC
2. Subaward Date:	01-Oct-12
3. Subaward Number:	64131326109172012001
4. PPHF Funding Amount:	\$38.82
5. Subaward Purpose:	Purchase of keyboard to support implementation of NPHII cooperative agreement objectives to upgrade the MassCHIP health data system.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	PEOPLESERVE PRS INC
2. Subaward Date:	05-Oct-12
3. Subaward Number:	INTF6409U05SITS33035
4. PPHF Funding Amount:	\$1,218.56
5. Subaward Purpose:	Contracted administrative support services for implementation of NPHII cooperative agreement objectives to upgrade the MassCHIP health data system.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	University of Massachusetts Medical School
2. Subaward Date:	28-Nov-12
3. Subaward Number:	INTF1100HH2W11415148
4. PPHF Funding Amount:	\$26,395.00
5. Subaward Purpose:	Performance Management and Quality Improvement contracted services under an Intergovernmental Services Agreement to achieve NPHII cooperative agreement objectives.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Justice Resource Institute, Inc.
2. Subaward Date:	02-Nov-12
3. Subaward Number:	INTF1100H19SPRF46191
4. PPHF Funding Amount:	\$44,651.00
5. Subaward Purpose:	Consultant services of A.J. Juarez, Public Health District Incentive Grant program liaison to to grantees in central and western Massachusetts, per NPHII cooperative agreement objectives.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001324-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>[The Connecticut Department of Public Health (DPH) is utilizing funding from the National Public Health Improvement Initiative to strengthen public health outcomes by increasing capacity to improve performance and to prepare for public health accreditation. Activities during the reporting period are described below.</p> <p>Considerable effort centered on the pre-requisites for public health accreditation-- an agency strategic plan, a state health assessment (SHA), and a state health improvement plan (SHIP). A strategic planning retreat was held in August 2012 to review the strategic mapping process, strategic planning surveys, to reach consensus on mission, vision, values, opportunities and challenges, and organizational priorities. A strategic plan was drafted and is the final review process.</p> <p>DPH contracted with Health Resources in Action (HRIA) to assist with the SHA and SHIP. During the summer and fall of 2012, HRIA conducted key informant interviews to inform assessment and planning processes. Concurrently, members of a DPH internal SHA/SHIP team established a broad sector coalition to contribute to the planning process. Team members also assembled a list of demographic, social, economic and health indicators for the assessment, including those from national framework documents (Healthy People 2020, National Prevention Strategy, Winnable Battles), and other surveillance measures. A technical advisory work group comprised of internal and external data experts used criteria and a vetting processes to narrow the list of indicators for the assessment. Data for these measures will inform the state health improvement planning process.</p> <p>In addition to work on the accreditation pre-requisites, DPH began to gather documentation for accreditation. Team leads and members were identified for each accreditation domain. In October, the Association of State and Territorial Health Officials led a workshop for teams and senior leadership, on the Public Health Accreditation Board purpose, domains, and processes. Domain teams conducted a preliminary assessment of their ability to meet respective standards and produce required documentation.</p> <p>Other activities focused on increasing capacity in DPH and the state to deliver high quality public health services. In July 2012, Marni Mason, in collaboration with the Connecticut Partnership for Public Health Workforce and Development, provided training and coaching to five local public health department teams to assist them to carry out quality improvement projects. The Public Health Foundation trained DPH staff in advanced quality improvement methods.</p> <p>In October 2012 DPH hired a Performance Improvement Manager (PIM) to provide leadership for performance improvement and accreditation activities. The PIM drafted a quality improvement plan, a training plan, and adapted a performance management assessment to develop a baseline of performance management practices across DPH.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	[JSI Research and Training Institute, Inc.]
2. Subaward Date:	[02/01/2012]
3. Subaward Number:	[5U58CD001324-03]
4. PPHF Funding Amount:	[\$25,000]
5. Subaward Purpose:	<p>JSI Research and Training Institute, Inc. (JSI) was subcontracted to assist the Department of Public Health to develop an agency strategic plan. The contract period began 2/1/2012 and ended 9/29/2012. In August 2012, JSI led a strategic planning retreat for DPH senior staff and Strategic Mapping Work Group chairs. During the retreat JSI reviewed the purpose of a strategic plan and its relationship to accreditation, the strategic mapping process, the state health assessments and the state health improvement plan. They presented the results of a survey they conducted with DPH staff and external partners which elicited feedback on the Department of Public Health's mission, vision, and values. The survey results further identified the organization's strengths, weaknesses, opportunities and challenges. Using the results from the surveys, JSI assisted the group to identify priorities. JSI drafted a final strategic plan which is currently under final review prior to publication. JSI has completed all deliverables of this contract.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Health Resources in Action, Inc. (HRIA)
2. Subaward Date:	[02/01/2012]
3. Subaward Number:	[5U58CD001324-03]
4. PPHF Funding Amount:	[\$122,208]
5. Subaward Purpose:	<p>The purpose of the subcontract with Health Resources in Action, Inc. (HRIA) is to assist the Department of Public Health to develop a state health assessment (SHA) and state health improvement plan (SHIP). The original contract period with HRIA was 2/1/2012 to 9/29/2012 but is being extended to 9/29/13 to allow them to complete their work. During the summer and fall of 2012, HRIA conducted key informant interviews to help inform the assessment and planning processes. HRIA assisted a subcommittee of a DPH internal SHA/SHIP team to compile a list of cross-sector stakeholders to contribute to the planning process. HRIA assisted another subcommittee to assemble a list of demographic, social, economic, and health indicators for the assessment, including those from national framework documents (Healthy People 2020, National Prevention Strategy, Winnable Battles), and other surveillance measures. HRIA worked with a technical advisory work group comprised of DPH epidemiologists and technical experts from other organizations to use criteria to narrow the list of indicators for the assessment. Data for these measures will inform the state health improvement planning process.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	[Public Health Foundation (PHF)]
2. Subaward Date:	[03/01/2012]
3. Subaward Number:	[5U58CD001324-03]
4. PPHF Funding Amount:	[\$32,100]

5. Subaward Purpose:	<p>The purpose of the subcontract was to train Department of Public Health staff in quality improvement methods and to provide coaching assistance during the implementation phase of quality improvement projects. The contract period began 3/1/2012 and ended 9/29/2012. During the project period Public Health Foundation (PHF) consultant Jack Moran provided two days of training on advanced quality improvement tools and methods. This followed training during the previous reporting period on basic quality improvement tools and methods. Twenty-six Department of Public Health staff participated in the two day training. PHF trained teams to utilize advance quality improvement tools using public health examples, particularly health equity.</p> <p>An additional component of their contract was to reserve time for technical assistance and coaching on quality improvement issues, potential projects and use of appropriate tools and methods. During the time period of this report, PHF provided five instances of coaching involving tips for leaders, return on investment, assistance with priority setting for the chronic disease program, and assistance to the drinking water supplies program in starting a quality improvement project. This contract is complete and deliverables have been met.</p>
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Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	[Yale University]
2. Subaward Date:	[03/01/2012]
3. Subaward Number:	[5U58CD001324-03]
4. PPHF Funding Amount:	[\$42,748]
5. Subaward Purpose:	<p>The purpose of the subcontract was to provide training and coaching support to local health departments to carry out quality improvement projects and prepare for accreditation. The contract period began 3/1/2012 and ended 9/29/2012. During the reporting period, Yale contracted with performance management expert Marni Mason to provide a full-day quality improvement workshop for local health department teams working on quality improvement projects. The workshop followed four previous webinars with team members to introduce them to quality improvement. During the all-day training, participants were provided with an overview of quality improvement team processes, models for improvement, performance management systems, and developing quality improvement plans. Ms. Mason provided coaching via telephone to teams to assist them in carrying out their quality improvement projects. Project outcomes were presented at a meeting in September. This contract is complete and deliverables have been met.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Navajo Nation Tribal Government
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001325-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The purpose of the award is to build upon and strengthen the Navajo Nation's (NN) Division of Health's (DOH) public health infrastructure towards becoming a tribal health department akin to a state health department, utilizing the standards and measures as set forth by the Public Health Accreditation Board. This initiative will strengthen Navajo sovereignty by providing it with the necessary powers and authorities to exercise control over the design and development of the total health care system on the Navajo Nation. As such, various work teams and resultant work plans thereof have been drafted to address strengthening the programmatic and administrative NNDOH's infrastructure, conducting a NN wide community health assessment, developing a NNDOH data management system, and establishing a quality improvement program and initiatives thereof within the NNDOH.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Alaska Native Tribal Health Consortium
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001326-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Public health performance and quality improvement activities includes progress on the statewide health assessment, continued cross-jurisdiction collaboration with State of Alaska Department of Health and Social Services Division of Public Health and other entities, dissemination of health status information to tribal and other partners, and ongoing work on an organizational self-assessment to identify gaps and progress in meeting national public health standards. The Healthy Alaskans 2020 project saw great progress soliciting Community of Interest input on leading health indicators. Summaries of Community of Interest input were prepared and provided to the Healthy Alaskans 2020 Advisory Team. Input was solicited from the Advisory Team, narrowing the list of potential leading health indicators. Regular teleconference/meetings with the State of Alaska NPHII grantee to discuss ongoing Healthy Alaskans 2020 efforts continued; several working meetings on project activities were also conducted. Multiple staff from cross-jurisdiction collaboration teams continued making progress on the Health Status Progress Report for finalization and publication in January 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	American Samoa Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001327-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The National Public Health Improvement Initiative (NPHII) - Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance - provides support to American Samoa Department of Health for accelerating public health accreditation readiness activities; performance management and improvement practices; and the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are also encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects. NPHII measurable outcomes align with the following performance goals:</p> <ol style="list-style-type: none"> 1) Increased efficiencies (saving time/money) of program services and/or operations, 2) Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcome, improved quality of service, reach for a given target population, customer satisfaction are all indicators of effectiveness) <p>Funds from this award primarily fund a Performance Improvement Manager (PIM) and the Performance Management Office (i.e. rent, utilities, communication lines, etc.) at the American Samoa Department of Health (DOH). The PIM oversees the steps needed to hire other essential personnel in the office, including an Administrative Assistance and a Quality Improvement Coordinator. The PIM also provides the Director of Health with guidance on how best to strengthen and improve departmental processes.</p> <p>The Performance Management Office (PMO) is also leading the identification, implementation, and evaluation of evidence-based practices (EBP) among DOH public health programs. To this end, the PMO established an EBP Advisory Group to guide the planning and pilot implementations of EBPs while also building capacity among public health workforce staff. The group has recommended for a 3-part workforce development training series to be developed in 2013 towards building skills in identifying and using EBPs.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Arizona Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$400,000.00
8. Award Number:	5U58CD001328-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Based on the requirements for reporting, ADHS has 0 subawards with a value of \$25,000 or more to report for the first half of year 3. ADHS activities include performance improvement, completing accreditation prerequisite requirements, and building an academic health department.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]

4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Commonwealth of the Northern Mariana Islands Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$249,163.00
8. Award Number:	5U58CD001329-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	There were no subawards awarded during the reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Federated States of Micronesia
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001330-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The FSM National Public Health Improvement Initiative Program is a program that the FSM National Health Office is utilizing to improve the department of health services across the nation. The other public health programs that are also funded through CDC are mostly vertical programs concentrating on their own categorical objectives and activities. The NPHII gives the nation the chance to enable some projects to improve services that are affecting the health services as a whole. Some of the initiatives undertaken for the year two are to improve the time to avail laboratory test results to the appropriate personnel across the department of health services. Given that for years and years, there has been numerous complains about loss of laboratory test results and the slowness of the time these results are made available, not one of the categorical public health programs like HIV, Leprosy and etc was able to fund the system because it is not specific to their own use. With this NPHII fund, the laboratory information Management system was able to be implemented in two of the four FSM states addressing this issues of not having it in place. The second initiative of the NPHII program for the year two funding was to take in department of health employees in at least two of the four states along with the FSM National staff through a crash course on the 10 Essential Public Health Services. These were not possible before because there was no money to look at the overall need of the health services. As mentioned earlier, other CDC fundings were too focused on their individual programs. However, they can not be truly successful if other areas of the health department is lacking. In other words, the NPHII funds are used to address issues that may have been affecting the other programs but were not addressed because they were not directly a programmatical issue to the program. A good example is the lab system, though the public health clinics all complained about the laboratory test results given late or misplaced in the lab, not one of the programs was willing to fund the implementation of the system. The NPHII program was able to look at this need and address it because it is not a categorical program.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	College of Micronesia - FSM
2. Subaward Date:	June 18, 2012
3. Subaward Number:	5U58CD001330-03
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	The College of Micronesia-FSM was contracted by the FSM Dept. of Health services through the NPHII grant to conduct a workshop/short course on the 10 Essential Public Health Services to the FSM National Health employees, Pohnpei State and Chuuk state health employees.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Clinical Information Systems Inc.
2. Subaward Date:	June 02, 2012
3. Subaward Number:	5U58CD001330-03
4. PPHF Funding Amount:	\$66,840.00
5. Subaward Purpose:	This was a contract made to the California Clinical Information Systems to implement a laboratory information management system (lab system) in the two of the four states of the Federated States of Micronesia department of health services. Before the implementation of the lab system, it took about a week to avail laboratory test results to clinics but through the system, access to the information can be instantaneous. Lab tests results that are also done in one state of the FSM for the other can be provided instantaneously through the system over the wide area network connecting the four states of the FSM department of health services to the National Health Office where they are separated by the vast majority of the Pacific Ocean.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Gila River Indian Community
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$152,048.00
8. Award Number:	5U58CD001332-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit).• The Public Health Analyst position description has been approved and classified.</p> <ul style="list-style-type: none"> • Completed the response to the Technical Review Summary and submitted within deadline.. • Resolution GR-288-012 approved by GRIC Community Council on 11/7/12 and submitted a copy to CDC Grants Management Specialist & Performance Officer. • Office spaces for 2 positions have been identified and equipment ordered out of previous grant funds have been received and installed in the Public Health Analyst office. • Core Team members have been identified. • Core Team members met on Nov. 19, 2012. • Completed 2 conference calls with our Performance Officer – Jeffery Brock (9/25/23 and 10/23/12) • Memo sent to CDC requesting to change the previous Principal Investigator to current PI. • Grant proposal for year 3 was submitted with change in Scope of Work. • Annual Progress Report and FFR – completed and submitted. • Health Resource Department Organizational Chart – amended & completed. • Advertisement of vacant positions – pending. • Community Health Analyst position – hired on 6/12/12 thru 09/28/12. • Site visit with Performance Officer, Jeffery Brock on July 24-25, 2012 to discuss and review the national public health improvement initiative and GRIC plans and progress related to the cooperative agreement.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Guam Department of Public Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001333-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	Accreditation Readiness: Identified internal CHA planning team and convened several CHA planning meetings progressing in defining the target population, prioritizing CHA indicators. Finalized CHA vision, mission and outcomes with DPHSS leadership support; Identified external stakeholders to serve on the CHA committee. Internal CHA data team worked on data gaps and needs for method of engagement. PHAB organizational self assessment: Identified QI team for PHAB self assessment. Worked on identifying and grouping PHAB domains. Finalized QA/QI manual and Medical Records Manual for final endorsement and standardization. Formulated a CS survey to identify customer service QI initiatives.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Iowa Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001334-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>With the current PPHF award, the Iowa Department of Public Health is focusing on supporting performance management and improvement practices at the local and state levels. Activities focus on strategic planning implementation, quality improvement initiatives and local training, and developing capacity and methods for improving performance management and accountability.</p> <p>Activities will include</p> <ul style="list-style-type: none"> • Developing, implementing, and monitoring action plans related to the department's strategic plan. • Supporting training and assistance for local public health agencies on quality improvement and performance management. • Conducting quality improvement initiatives related to behavioral health and emergency response. • Strengthening performance accountability and performance management by improving capacity and methods for measuring performance and reporting results. • Engaging staff in efforts to address gaps in meeting public health standards. <p>Activities undertaken during the current reporting period included</p> <ul style="list-style-type: none"> • Development of a timeline and activities for completing department strategic plan and action plans with defined responsibilities and timelines. • Development of a strategy for annual review and revision of the state health improvement plan. • Beginning a quality improvement project to improve the efficiency of department's process to handle EMS service compliance citations and warnings. Defined current process and collected and analyzed baseline data. Next steps will be to develop and test an improved process. • Beginning a quality improvement project to improve the quality and completeness of injury reports submitted by local entities to the state trauma registry. Identified a gap in understanding how the process is completed locally. Designed and implemented a survey to gather more information about how the process is completed locally. Next steps will be to analyze data and define and test an improved process.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Mille Lacs Band of Ojibwe Indians
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$247,032.00
8. Award Number:	5U58CD001335-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Mille Lacs Band of Ojibwe Public Health Department will continue enhancing its readiness for public health accreditation. Important steps toward this goal will include the completion of a community health needs assessment and a partnership with Great Lakes Inter-Tribal Council for technical assistance to evaluate the needs assessment data. Mille Lacs Band Public Health will expand its organizational capacity and communicate enhanced public health initiatives.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Great Lakes Inter Tribal Council
2. Subaward Date:	Contract pending. Funding has not yet been awarded to the Great Lakes Inter-Tribal Council
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	\$30,000.00
5. Subaward Purpose:	Great Lakes Inter Tribal Council will help collect and analyze results from a community needs assessment. Mille Lacs Band Public Health is in the process of finalizing the contract with the Great Lakes Inter-Tribal Council. However, in our efforts to move forward we have been meeting regularly with Great Lakes regarding the community health needs assessment and are in our final stages.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Republic of Marshall Islands Ministry of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001336-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Ministry of Health in the Republic of the Marshall Islands is committed to improving and enhancing the quality of health services to its people. Part of this ongoing effort is to prepare/gear up for PHAB's accreditation. We are motivated by the support we are receiving from CDC in implementing our performance management and improvement activities that is align with increasing efficiencies and increasing effectiveness. Highlights of our activities: a. Preparation, Planning and Training for Community Health Assessment b. complete an organizational self-assessment to identify gaps in meeting with National PHAB Standards, c. Develop and use the agency wide Performance Management System, d. Implementation of QI Projects

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NA for this reporting period
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Montana Wyoming Tribal Leaders Council
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001337-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The Goal of "Strengthening Tribal Public Health Infrastructure for Improved Health Outcomes Project –STPHI-HOP is to systematically increase performance management capacity of Tribal Health Departments in Montana and Wyoming in order to ensure Tribal Health Departments have access to resources needed to express their public health authority.</p> <ul style="list-style-type: none"> • Each of the 10 Montana and Wyoming Tribal Health Departments will be awarded funds in form of \$10,000 to \$20,000 Tribal Contracts to carry out PERFORMANCE IMPROVEMENT ongoing activities (below), hence building their capacity towards Public Health Accreditation readiness. • Please Note: "No" award -\$25,000 or more has been made during this period <p>Five focus activity areas for effectiveness, efficiency and accreditation readiness:</p> <ol style="list-style-type: none"> 1) ASSESSMENT through the National Public Health Performance Standards Program (NPHSP) assessment; mobilizing action using the Mobilization through Partnerships and Planning tool (MAPP); and the Public Health Accreditation Board (PHAB), Quality Improvement Activities to Fosters Accreditation Readiness Include: <ol style="list-style-type: none"> 1. Progress toward and/or development of a Tribal Health Department/Community Health Assessment; 2. Progress toward and/or development of a collaborative Tribal Community Health Improvement Plan with system partners; 3. Progress toward Tribal Health Department Strategic Plan. 2) WORKFORCE DEVELOPMENT The Workforce Improvement Goal: is to Inform, Educate and Empower the Montana and Wyoming Tribal Health Public Health Workforce in order for them to maintain standard administrative capacity, improve management capacity and increase quality public health service outreach. <ul style="list-style-type: none"> • Conduct a PROJECT PROPOSAL and FEASIBILITY STUDY on Workforce Improvement for Montana and Wyoming Tribal Health Departments in collaboration with MTWYTLC/RMTEC staff and MTWYTLC/RMTEC Consultants/Evaluator. • Plan and Implement a Montana/Wyoming Community Health Representative (CHR) Workforce Development Training on Cardiovascular Disease and Depression in Chronic Disease (Heart Disease is the #1 cause of death of Montana and Wyoming American Indians). 3) WORKSPACE IMPROVEMENT <ul style="list-style-type: none"> • Complete an annual lessons learned and future needs form 4) POLICY IMPROVEMENT/ BEST PRACTICE: PUBLIC HEALTH LAW/IMPLEMENTATION OF HEALTH CODES <ul style="list-style-type: none"> • Work on Domain 5/Domain 6: Public Health Law/Health Code Development and Implementation on all Montana and Wyoming Reservations with the help of Specialist Law Consultations. 5) LONG TERM MEASURE OF EFFECTIVENESS

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Montana State Department of Public Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001338-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>Implementation of relevant and essential activities to accelerate the agency's readiness to apply for and achieve National Public Health Accreditation</p> <p>Provided a six month quality improvement training program for state, local and tribal public health agencies to be trained by faculty from Purdue University on quality improvement methods using a specific project</p> <p>Institutionalize continuous quality improvement throughout the agency</p> <p>Apply for National Public Health Accreditation through the Public Health Accreditation Board</p> <p>Increase the number of Tribal and Local public health departments preparing to apply for voluntary National Public Health Accreditation</p> <p>Work with Tribal and Local Health Departments and/ or regional public health collaboratives to facilitate technical assistance and training regarding accreditation for their agencies</p> <p>Increase the number of initiatives to implement evidence-based policies and regulations</p> <p>Align Public Health and Safety Division work with the Montana State Health Improvement Plan</p> <p>Implementation of a performance improvement initiative within the agency that prioritizes activities, practices and programs for maximum public health impact</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	New Mexico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001339-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The National Public Health Improvement Initiative (NPHII) – Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance – provides support to health departments or their bona fide agents for accelerating public health accreditation readiness activities; performance management and improvement practices; and the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are also encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects.</p> <p>NPHII measurable outcomes align with the following performance goals:</p> <ol style="list-style-type: none"> 1) Increased efficiencies (saving time/money) of program services and/or operations. 2) Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcome, improved quality of service, reach for a given target population, customer satisfaction are all indicators of effectiveness) and, 3) Increased readiness for applying to and achieving accreditation by the Public Health Accreditation Board PHAB (http://www.phaboard.org/). <p>New Mexico Department of Health (NMDOH) NPHII activities performed during this reporting period include:</p> <ul style="list-style-type: none"> • Conducted Results-Based Accountability (RBA) and Turn-the-Curve training for public health workforce. • Continued development of the Results for People Scorecard aimed at improving the development of population-based performance measures. • Established Strategic Planning Council for the development of the NMDOH's Strategic Plan and Quality Improvement Plan. • Developed document gap analysis tool aimed at guiding staff involved in accreditation process to locate required documentation gaps in selected accreditation documents. • Developed tool, Public Health Accreditation Accountability chart, which provides information on the Domains, Standards and Measures for which health department offices, divisions, bureaus are responsible. • Performed training with NMDOH staff involved in accreditation process aimed at Public Health Accreditation document selection and management processes. <p>Activities performed by sub-award recipient, University of New Mexico, during this reporting period include:</p> <ul style="list-style-type: none"> • Continued development of on-line Introduction to Public Health course aimed at public health workforce development. • Provided one Introduction to Public Health course to public health workforce and community partners. • Developed and implemented pilot of Public Health Practice II course.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of New Mexico
2. Subaward Date:	11/1/2012
3. Subaward Number:	5U58CD001339-03
4. PPHF Funding Amount:	\$40,000.00
5. Subaward Purpose:	The purpose of this contract is for the New Mexico Department of Health, Office of Policy and Accountability (OPA), in collaboration with the University of New Mexico to conduct educational courses that increase workforce competencies relevant to the 10 essential public health services and the full spectrum of the determinants of health.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Puerto Rico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001340-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	During the reporting period, the Puerto Rico Department of Health (PRDH) is working to implement a Performance Management System. The PRDH will complete de Health Assessment as part of the future accreditation process. As part of this process the PRDH will complete an accreditation readiness self-assessment. The PRDH is working on a few performance and quality improvement Initiatives to reduce time of delivery of services in hospitals and the time to complete health facilities inspection reports. The PRDH will also use some fund to complete activities as part of an external evaluation of the Promotion Office that will lead to a restructuring of that office.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Raul Figueroa-Rodriguez
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001340-03
4. PPHF Funding Amount:	\$66,000.00
5. Subaward Purpose:	Mr. Figueroa has a contract to work as the Performance Improvement Manager of the Puerto Rico Department of Health (PRDH). He is the person that develops and manages the operation of the project

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Jonathan J. Morales-González
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001340-03
4. PPHF Funding Amount:	\$46,800.00
5. Subaward Purpose:	Mr. Morales has a contract to work as the Performance Improvement Coordinator of the PRDH. He conducts all the activities related with programming and information technology issues. Also assist in the preparation of manual to establish QI procedures.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Edwin Perez Caraballo
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U58CD001340-03
4. PPHF Funding Amount:	\$33,120.00
5. Subaward Purpose:	Mr. Perez has a contract to work as the Performance Improvement Assistant and Data Entry of the PRDH. He provides programmatic support as well as data entry support

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Republic of Palau Ministry of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	5U58CD001341-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	[Provide a high level description of the award and the activities undertaken during the reporting period (3,000 character limit.)]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Kristine Quereshi, PhD
2. Subaward Date:	08/30/2012
3. Subaward Number:	5U58CD001341-03
4. PPHF Funding Amount:	\$8,000.00
5. Subaward Purpose:	To assist Palau in developing P&P's and SOP and to train in QI, assist staff in identifying QI project and train in QI process.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Caleb Otto, MBBS
2. Subaward Date:	July to December 2012
3. Subaward Number:	5U58CD001341-03
4. PPHF Funding Amount:	\$18,000.00
5. Subaward Purpose:	To develop a community assessment and to use these information and those available in the Bureau of Public Health to develop a Public Health Improvement Plan.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	South Carolina Department of Health and Environmental Control
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U58CD001342-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	SCDHEC received this award to increase its public health performance management and quality improvement capacity. PPHF funds were used to support these activities: 1) Development and deployment of a performance management (PM) data system based on the Turning Point PM framework. 2) Provision of technical assistance for Quality Improvement (QI) to project teams across the state to increase efficiency and effectiveness of clinical, programmatic, and administrative processes within DHEC. 3) Evaluation and promotion of the use of evidence-based public health among programs. 4) Training staff in QI, PM, and broad public health competencies to increase organizational performance. 5) Completing an organizational self-assessment of Public Health Accreditation Board readiness (as required by Year 3 grant conditions) 6) Conducting state and community-level health assessments to form a basis for a state health improvement plan.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$399,709.00
8. Award Number:	5U58CD001345-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	The Virginia Department of Health (VDH) has utilized its funding to continue to develop its performance improvement system, associated performance improvement projects and efforts toward achieving accreditation through the Public Health Accreditation Board (PHAB). Performance improvement efforts between July and December 2012 include, increasing enrollment in Plan First (a Medicaid family planning program), decreasing overall IT costs, identifying and streamlining district billing processes, streamlining internal procurement processes, streamlining internal human resource policies and automating paper based forms and processes. No sub-grants or sub-awards have been awarded during this time period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Public Health Improvement Initiative (NPHII)
3. Award Title:	Strengthening Public Health Infrastructure for Improved Health Outcomes
4. Recipient Name:	Pacific Islands Health Officers Association
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$593,662.00
8. Award Number:	5U58CD001347-03
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.507
11. Summary of Activities:	<p>The US-affiliated Pacific island (USAPI) jurisdictions are facing an unprecedented epidemic of obesity, tobacco and alcohol-related non-communicable diseases (NCDs). In response, the Pacific Island Health Officers Association (PIHOA), the regional association of ministers, secretaries and directors of health, issued a Regional Declaration of Emergency for NCDs and formulated a regional NCD Strategic Roadmap for response. Funds were used to help PIHOA and its member states with following this Roadmap; for regionally coordinated activities to establish baseline NCD risk factor and disease surveillance data and capacity; to identify NCD best practice policies relevant to the USAPI and to educate USAPI jurisdictions on these policies. Funding supported activities across the region to strengthen health information systems, quality improvement programs, and human resources management, such as:</p> <ul style="list-style-type: none"> • Planning a face-to-face workshop for senior health and community leaders, and NCD health policy subject experts to educate leaders about the variety of best or promising practices of NCD laws relevant to the USAPI. PIHOA plans to hold the workshop by Fall 2013. • Discussions and research into competency standards for QA Officers, Performance Improvement Officers, Human Resources Managers, and Health IT/HIS Officers, resulting in draft USAPI Regional QA/QI/PM Program Standards & Staff Competency Standards for Health Agencies. PIHOA also conducted the 3rd Annual APNLC & PIHOA QA/QI/PM Workshop in Honolulu, Hawaii in September 2012, attended by approximately 40 representatives from the USAPI jurisdictions. • Provided TA to jurisdictions (Guam, CNMI, and Palau), to develop unit & PH program-level policies and procedures & QA/QI program policies and manuals; provided individual consultations to meet categorical public health program QA/QI and evaluation needs, on request. • Assembled regional NCD profile of risk factor prevalence and mortality rates as well as the statuses of NCD policies enactment, surveillance, and clinical application of disease registries, as reflected in the NCD Technical Working Group's Summary of Recommended Core Indicators for the Surveillance of NCDs and the PIHOA NCD Surveillance Framework & Data Dictionary. • Provided TA to USAPIs for assessment/strategic planning in Health IT and HIS (CNMI, Guam and FSM). PIHOA also sponsored the 1st annual HIS/IT networking meeting/workshop on Guam in September 2012, with 35 participants from across the region. • Provided opportunities for regional networking and technical assistance for the development of an NCD "best policies package" which will be used to educate island leaders on the variety of best or promising practices of NCD laws relevant to the USAPI. • Provided technical assistance to jurisdictions for improving human resources for health management both on-site and via telephone.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Guam - NPHII
2. Subaward Date:	7/2012
3. Subaward Number:	5U58CD0001347-03
4. PPHF Funding Amount:	\$157,482.00
5. Subaward Purpose:	<p>PIHOA provided a sub-award to the Guam Department of Public Health and Social Services to carry out the following activities:</p> <ol style="list-style-type: none"> 1. Community Health Assessment (CHA): A contractor was hired to work in partnership with the Guam DPHSS Performance Improvement Manager to develop a CHA Plan. The key objectives accomplished include: <ul style="list-style-type: none"> 1) Engaging in a collaborative pre-planning phase with Guam DPHSS; 2) Facilitating CHA trainings and planning sessions; and 3) Developing a CHA Plan to achieve the vision of the Guam DPHSS CHA Team. The resulting CHA Plan will be used as a roadmap for developing a full CHA for Guam DPHSS. 2. A technical assessment of the Public Health Information Technology Systems and Network Infrastructure was conducted. The assessment of the Public Health Information Technology Systems and Network Infrastructure verified the current state of the systems and network infrastructure being used to support public health applications. Specifically, the assessment included a review and documentation of the systems and network architecture, identified and documented the devices on the internal network, documented the software used on the systems, and analyzed application systems and performance problems which are a common complaint. The assessment also examined how the systems, networks, and applications are managed and supported, including basic functions such as email. This will help Guam DPHSS determine whether capital improvements program funding should be expended on interior local area network infrastructure, including Local Area Network (LAN) switches and/or cabling or invested in other areas of need and to establish a basic plan for resolving the issues. 3. Review of Guam DPHSS Health Information Technology System: A review was conducted in the areas of health information technology, public health informatics, and related research by a contractor that worked with PIHOA and the Guam DPHSS. <p>The results of the technical assessments conducted in items 2 and 3 above were shared with key DPHSS staff, government of Guam IT personnel, and partners in the first efforts to facilitate discussions around recommendations for improvement of the systems.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	American Samoa - NPHII
2. Subaward Date:	7/2012
3. Subaward Number:	5U58CD0001347-03
4. PPHF Funding Amount:	\$27,225.00
5. Subaward Purpose:	<p>PIHOA provided a sub-award to the Department of Health in American Samoa to identify gaps in its HIS and to build a more cohesive, effective HIS. Objectives included: Assessment & planning; building health information literacy among the health workforce, in particular among Department and partner agency senior and mid-level managers; improving health information management within the Department and between the Department and its partner agencies; and organizing a centralized health information unit within the Department, supported by a Counterpart/HIS Officer and Department HIS Committee. This activity was directly related to American Samoa's plans to have a five-year "Health Information System Plan" produced and adopted. The resulting HIS Assessment and Base Plan focused on four overriding HIS challenges: human resource capacity, leadership, data quality and processing, and network connectivity. The report provided recommendations for implementing a staged approach to developing an HIS framework, taking into account the need to overcome challenges such as organizational and operational changes required, policies, human resource development, ICT infrastructure, and the establishment of a well-resourced office for health informatics functions.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	CNMI - NPHII
2. Subaward Date:	7/2012

3. Subaward Number:	5U58CD0001347-03
4. PPHF Funding Amount:	\$73,875.00
5. Subaward Purpose:	Funding was provided to the CNMI Commonwealth Healthcare Corporation for the purchase of VTC/Computer Lab Equipment, which included installation of equipment in the islands of Saipan, Tinian, and Rota. The equipment will provide accessible and cost-effective communications, primarily between the islands, and will be used for (on-site, inter-island and on-line) trainings, meetings, and tele-health activities.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	RMI - NPHII
2. Subaward Date:	7/2012
3. Subaward Number:	5U58CD0001347-03
4. PPHF Funding Amount:	\$57,500.00
5. Subaward Purpose:	<p>A sub-award to the Ministry of Health (MOH), Republic of the Marshall Islands was used for two primary activities: Implementation and Maintenance of a Health Information System and Procurement of a Human Resources Management System.</p> <p>1. Implementation and Maintenance of a Health Information System: One of the main objectives for the MOH under the NPHII grant was to improve the MOH's Health Information system and data collection. A contractor was hired to help the MOH rehabilitate the current data-network, workstations and servers, conduct needed repairs and provide recommendations for improvement. The contractor also evaluated the current business processes in Majuro hospital in preparation for the deployment of a Hospital System.</p> <p>2. Procurement of Human Resources Management System: A contractor was hired to design, develop, install, train and maintain a Human Resources Management System. Key components of the system included: Database Operational Priorities, Employee Information, Organizational Information, Contracts, Attendance Management, Benefits Management, Medical compliance, Recruitment, and HR Library.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Palau - NPHII
2. Subaward Date:	7/2012
3. Subaward Number:	5U58CD0001347-03
4. PPHF Funding Amount:	\$20,292.00
5. Subaward Purpose:	<p>Funding was provided to the Palau Ministry of Health (MOH) to complete the following activities:</p> <p>1. Connectivity and Database Assessment: The MOH hired a contractor to perform a connectivity assessment of PH programs and offices in the Koror area, focusing on the existing connection and resources needed to establish a connection to the PH Information System. An assessment of identified PH silo database systems was also conducted.</p> <p>2. Leased Lines: Leased lines were used to establish connectivity between the Belau National Hospital (BNH) and CHC-Central. Data exchange and telecommunication is essential for daily operation. There are at least five public health programs and offices scattered throughout Koror in addition to BNH that also house several public health programs and clinics.</p> <p>3. Software and Licensure: Software and licensure was purchased to enhance and improve PHIS network traffic management and security.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Prevention Strategy
3. Award Title:	Research Participation Program
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$64,895.00
8. Award Number:	05FED03017
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The purpose of this agreement is to provide additional funding for Department of Energy research participation programs for the Office of the Associate Director for Policy, Centers for Disease Control and Prevention, administered by the Oak Ridge Institute for Science and Education. The program will provide opportunities for members of the academic community to participate in programs, projects, and activities related to the mission of OADP. The OADP mission is to provide guidance, strategic direction and oversight for the investment of CDC resources and assets at the federal, local and state levels. The summary of activities includes: collaborated with the Office of the Surgeon General, to support the 17 federal departments of National Prevention Council in the development of their National Action Plan for implementing the National Prevention Strategy; supported the development of the National Prevention Council's 2012 Annual Status Report which included the release of the National Prevention Council Action Plan; support the development of an online database to track the National Prevention Council's progress and implementation efforts; supported communication activities including preparation of reports for briefings, presentations, and publications; supported the management and meeting planning of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health; and provided technical assistance to the Association of State and Territorial Health Officials and the National Association of County and City Health Officials, to identify specific needs of their membership and develop appropriate tools and resources, to integrate the National Prevention Strategy into priority initiatives at the state and local level.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Prevention Strategy
3. Award Title:	OADP Translation and Implementation Support Activities
4. Recipient Name:	FHI Development 360 LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$632,475.00
8. Award Number:	200-2007-20009-0026
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>FHI 360 initiated work on this task order, "Translation and Implementation Task Order 0026", on August 28, 2012. The first activity included planning and facilitating a kick-off meeting for with members of the CDC National Prevention Strategy (NPS) team within the Office of the Associate Director at CDC and staff from the U.S. Surgeon General's office. Subsequent to the meeting, FHI 360 completed meeting summary notes, developed a work plan, and established standing, bi-weekly meetings between FHI 360 and CDC NPS team. FHI 360 organized, administered, and managed a half-day strategy session on November 13, 2012, to develop a plan for promoting the NPS. Based on the data collected at this meeting, FHI 360 completed a draft of the NPS Translation and Implementation (TI) Plan, which is currently in final review with the CDC NPS team. FHI 360 is also designing, developing, and publishing materials to support the efforts of the NPS. Completed and 508-compliant materials include factsheets on the overall NPS, its Strategic Directions, Partners, and Priorities. The PowerPoint template is complete and approved. FHI 360 is continuing to develop strategy to identify the needs and interests of the 17 NPC federal agencies and key audiences including private-sector leaders and state and local policy makers, as identified in the strategy session. Development of social media platforms and strategy are pending upon further data gathering. FHI 360 has also begun initial preparations for the NPS Planning Advisory Group meetings, tentatively planned for November, 2012, and now planned for February 2013 (webinar) and March 2013 (in-person). FHI 360 coordinated an initial meeting between the NPS team and the CDC's Division of Community Health (DCH) to explore opportunities for collaborating on the promotion of NPS. DCH leadership is currently considering possible next steps. FHI 360 also continued to report, on a weekly basis, the status of ongoing tasks and activities and provides a full monthly reports to the CDC team by the 10th day (narrative) and the 25th day (financial) of each month.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	National Prevention Strategy
3. Award Title:	PPHFSIO and ORAC Support
4. Recipient Name:	Deloitte Consulting, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$72,016.00
8. Award Number:	200-2012-F-50515-00002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The contractor provided services to support the implementation of the National Prevention Strategy. These services included stakeholder engagement, content development, and graphics support for the Action Plan for the National Prevention Council (consisting of 17 federal departments and agencies). Additional services included the coordination of Federal Advisory Committee Act (FACA) requirements for the Advisory Group on Prevention.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of South Florida
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001900-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of South Florida Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. PRC researchers are developing a training program for public health workers and other community members to conduct community-based prevention marketing (CBPM). CBPM is a multistep process designed to improve the adoption of new or existing interventions by translating or adapting them to fit local circumstances. Community partners are working with the researchers to identify and select evidence-based obesity prevention practices and apply the CBPM framework to translate them for local implementation using the e-training program. Researchers will test the translational framework with a community coalition. Then, they will study the extent to which the coalition uses intervention materials to implement proven obesity programs. The coalition and the researchers will work together to identify factors related to marketing, advocacy, and policy changes that influence uptake and sustain use of prevention practices. Finally, PRC researchers are creating a CBPM online training program and electronic resource kit for practitioners to use when creating new programs or translating evidence-based practices for their local setting.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Kentucky Research Foundation
2. Subaward Date:	09/30/2012
3. Subaward Number:	DP001900-04
4. PPHF Funding Amount:	\$51,475.00
5. Subaward Purpose:	<p>The University of Kentucky subcontract supported research faculty and student time on the Community Based Policy Making and Marketing (CBPM2) project. Researchers worked with our community partner, the Lexington Tween's Nutrition and Fitness Coalition and its facilitator. The coalition and the researchers worked on two primary projects that were developed based on the work of the CBPM2 program planning framework.</p> <p>1. Better Bites: Snack Strong, is a Tween's Coalition initiative working with the Lexington Parks and Recreation Department to bring healthier foods options to the city's swimming pools. The program was expanded in 2012 to additional venues, including the local YMCA pools and Lexington's minor league baseball franchise. Researchers along with Coalition members collected extensive evaluation data from pool patrons, staff, and managers. The results reveal that at the two major pool concession stands sales of Better Bites healthy menu items doubled from the previous year. In the fall months, analysis of evaluation data collected at these venues facilitated a series of meetings with Parks and Recreation and other partners to refine the program for the 2013 season and to expand it to more venues.</p> <p>2. Good Neighbor Stores – This initiative involves working with non-chain convenience stores in low income neighborhoods in Lexington to increase access to healthy foods in these urban food deserts. Researchers with Coalition members, met with numerous city, economic development, and other officials to identify available services for these businesses and to identify needed changes to promote the shift to healthier foods. Numerous meetings with the store owners, store managers, Coalition members, and consultants led to the development of guidance document for membership in the Good Neighbor Store network. Identification as a Good Neighbor Store will provide support to the participating store and added publicity due to the coalition's network. Three stores have agreed to join as initial Good Neighbor Stores and work continues to attract additional participants.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	New York University Medical Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001904-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The New York University Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders.</p> <p>Researchers are assessing the needs and resources of selected Asian immigrant communities in New York City to determine the communities' health behaviors and capacity for making personal, environmental and systems-wide changes. To help promote change, the researchers are establishing Project RICE (Reaching Immigrants through Community Empowerment), a program in which community health workers (CHWs) deliver a diabetes-prevention intervention.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Korean Community Services
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001904-04
4. PPHF Funding Amount:	\$98,000.00
5. Subaward Purpose:	<p>Funds were used by the sub-recipient Korean Community Services (KCS) to support the activities of Project RICE, including the salaries of one full-time time and one part-time CHW. During this time, the CHWs held 8 educational sessions as part of the Project RICE Intervention and completed with study participants 28 baseline surveys, 38 three-month surveys and 14 six-month surveys for Round 2 of the intervention, as well as 17 baseline surveys for Round 3. The sub-recipient organization coordinated and held 4 recruitment events for Round 3 at churches and other Queens-based community spaces. A total of 168 participants had been screened for study eligibility at these events. In addition, the sub-recipient organized 3 social events for participants to improve program retention. A graduation event was held on December 1st to celebrate the achievements of the 64 Round 2 participants who completed the program. The Executive Director serves as a representative of KCS and the NYU PRC on the PRC National Community Committee (NCC). In this capacity, she participates in monthly phone calls and attended the Annual Meeting in mid-October.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	United Sikhs
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001904-04
4. PPHF Funding Amount:	\$38,000.00
5. Subaward Purpose:	<p>Funds were used by the sub-recipient UNITED SIKHS to support the activities of Project RICE, including the salary of one part-time CHW. During this time, the CHW completed follow up with study participants as part of the Project RICE Intervention. The sub-recipient organization coordinated and held one health fair on September 30, 2012 attended by over 200 community members and 11 provider organizations; the health fair also served as a recruitment event for Project RICE. A Project newsletter was developed for dissemination to community members and providers to raise awareness of the Project and encourage participation. Final (6 month) surveys were conducted with 9 study participants. A graduation event was held on December 15th to celebrate the achievements of the 21 Sikh American women who completed the program this year. The Project CHW serves as a representative of UNITED SIKHS and the NYU PRC on the PRC National Community Committee (NCC). In this capacity, she participates in monthly phone calls and attended the Annual Meeting in mid-October.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Morehouse School of Medicine
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$865,000.00
8. Award Number:	5U48DP001907-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Morehouse School of Medicine, Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek solutions, strategies and policies to address public health problems. In addition, the PRC develops and disseminates effective intervention strategies, promising practices, and products for a variety of stakeholders. In Georgia, the rate of HIV infection in jail inmates is between four to six times higher than the national average, and African-American men are disproportionately affected. Researchers at the Morehouse School of Medicine are working collaboratively with the Atlanta City Detention Center to design and implement an intervention to decrease inmates' risky sexual behaviors before inmates return to their communities in Atlanta, Georgia.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of Rochester
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$715,000.00
8. Award Number:	5U48DP001910-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research. The University of Rochester Prevention Research Center (National Center for Deaf Health Research) established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. PRC researchers are testing whether an evidence-based, comprehensive program for hearing persons will be effective in modifying obesity-related health behaviors in deaf adults aged 40-70 who use American Sign Language (ASL) as their primary language. Deaf persons constitute a linguistic and cultural minority group for whom there exists a profound lack of data on even the most basic indicators of health, and for whom virtually no health interventions have evidence for feasibility and effectiveness. A sample of deaf adults are randomly assigned to an intervention group that participates in the program first (immediate group) or to a delayed intervention group that participates one year later. All participants receive an adapted Weight-Wise curriculum delivered in group sessions led by deaf counselors trained in motivational interviewing; some sessions include ASL video presentations and adapted written English materials. The counselors emphasize daily self-monitoring of type and quantity of foods, number of fruit and vegetable servings, calorie intake, and minutes of physical activity. Weight and health behavior changes of the participants are being measured and compared among groups at baseline and at six-, twelve-, eighteen and twenty four months after the program.</p>

[Copy and paste additional sub-recipient sections as necessary.]

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1. Subaward Recipient Name:	Rochester Institute of Technology
2. Subaward Date:	9/29/12
3. Subaward Number:	5U48DP001910-04
4. PPHF Funding Amount:	\$65,947.00
5. Subaward Purpose:	<p>A formal subcontract is provided to our academic partner, the National Technical Institute for the Deaf (NTID) at the Rochester Institute of Technology, to allow participation of their faculty in various committees, and to provide advice and technical expertise in the area of film and materials development, counseling, and communication. NTID is the world's first and largest technological college for students who are deaf or hard of hearing, which was established in 1963 by Public Law 89-36 and signed by President Lyndon B. Johnson. NTID provides deaf and hard of hearing students with outstanding state-of-the-art technical and professional programs complemented by a strong liberal arts and sciences curriculum, that prepare them to live and work in the mainstream of a rapidly changing global community and enhances their lifelong learning. NTID has collaborated with University of Rochester Prevention Research Center (NCDHR) colleagues and software development company personnel to develop a second generation version of the sign survey interface. NTID is participating in ongoing interface design, determination of the features needed by NCDHR; testing and evaluation of the product; and future planning to refine and extend the functionality of the sign survey interface. NTID participated in retreats, special meetings, and community activities associated with the work of the NCDHR; prepared papers for publication and presented in collaboration with NCDHR members and outside colleagues and/or students; attended relevant conferences and disseminated research reports on NCDHR related studies; and coordinated Signed English translation and studio filming for ASL and Signed English materials for ongoing NCDHR projects.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Ohio State University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U48DP001912-05
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Ohio State University Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. Thirty percent of the children in Columbus, Ohio, are overweight—nearly double the national average. Children who are overweight or obese today have a greater risk of being overweight or obese adults, which can increase their risk of diabetes, cardiovascular disease, and hypertension. Parents have the greatest influence on young children's eating and exercise habits, as weight-related behaviors may be formed as early as preschool. Programs are needed that help parents establish healthy eating and exercise habits in their children during the first five years of life. PRC researchers are working with community partners to determine the best ways to encourage parents to create healthier habits for their children. Community leaders are identifying the types of social and environmental supports that help parents address childhood overweight. Parent focus groups are providing insight on problems they have in managing their child's weight. The collected information will help the researchers develop a survey to determine parents' personal, social, and environmental influences contributing to their children's weight. A subset of survey respondents will receive a follow-up survey to see how parenting behaviors change over time. Results from the surveys can be used to design interventions that can make it easier to develop health-promoting parental skills.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Johns Hopkins University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001919-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>John Hopkins University, Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek solutions, strategies and policies to address public health problems. In addition, the PRC develops and disseminates effective intervention strategies, promising practices, and products for a variety of stakeholders. In Baltimore, inner-city adolescents and young adults, who have dropped out of school and are not working, particularly those aged 16–24, are at an increased risk of depression. Programs in this urban community are needed to prevent depression from occurring in adolescents and young adults and to address symptoms of depression in youths already affected. Researchers at John Hopkins University, Prevention Research Center are working in collaboration with the Baltimore-based Youth Opportunity (YO!) Program to develop and implement an intervention to decrease the risk of depression among inner-city adolescents and young adults in Maryland.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	West Virginia University Research Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001921-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The West Virginia University Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In West Virginia, almost 28% of teenagers aged 14–18 years smoke, but the Not-On-Tobacco (NOT) smoking cessation program has helped more than 1,000 teenagers in the state quit smoking. In West Virginia, 750 people have been trained as NOT facilitators. Many of the facilitators report that NOT training is helpful and that the program is compatible with their schools' policies and is highly worthwhile. But less than 5% of facilitators have implemented the program. Researchers are testing the effectiveness of a dissemination strategy to provide NOT programs in various administrative regions of West Virginia. Health and process outcomes for these regions will be compared with outcomes from other similar regions that maintain existing practices. Researchers will use surveys, interviews, and observation of coordinators and facilitators to gather data on the progress of the dissemination strategy. Program reach will be measured by the number of sites offering NOT and the number of teenagers completing NOT. If this new dissemination strategy proves to be feasible and effective, it may inform the dissemination of other health behavior interventions.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	George Washington University
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001921-04
4. PPHF Funding Amount:	\$57,866.00
5. Subaward Purpose:	[Dr. Kimberly Horn served as the Core Research Project PI at WVU until she took a new position at GWU in June of 2012. In the current subcontract with GWU, Dr. Horn provides scholarly advice and expertise to the research team at WVU. As an integral part of the research team, Dr. Horn consults regularly with Dr. Dino and the project director, Dr. Traci Jarrett, as well as participates in bi-weekly project team meetings via conference call. Dr. Horn also contributes to the preparation of annual reports and pertinent manuscripts and presentations.]

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Boston University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001922-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Boston University Partners in Health and Housing Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In Boston, Massachusetts, Residents of public housing have low incomes and insufficient health insurance, which decreases the likelihood that they receive regular medical care. Residents may lack knowledge about risk factors for and symptoms of chronic disease. Promoting residents' use of preventive care requires new strategies. Researchers at the Boston University, PRC have developed an intervention to evaluate the effectiveness of training Resident Health Advocates (RHA) as Resident Health Navigators whose purpose is to motivate fellow residents to seek recommended medical care and to enroll in health promoting programs. The research project will assess whether Resident Health Navigators improve residents' access to care offered in local community health centers after an abnormal result on a screening test.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Boston Public Health Commission
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U48DP001922-04
4. PPHF Funding Amount:	\$45,000.00
5. Subaward Purpose:	<p>The Boston Public Health Commission is the health department for the city of Boston and the largest health department in the Northeast. The BPHC is the country's oldest health department, an independent public agency providing a wide range of health services and programs. It is governed by a seven-member board of health appointed by Mayor Thomas M. Menino. Public service and access to quality health care are the cornerstones of the BPHC's mission - to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable. The Commission's more than 40 programs are grouped into six bureaus: Child, Adolescent & Family Health; Community Health Initiatives; Homeless Services; Infectious Disease; Addictions Prevention, Treatment & Recovery Support Services; and Emergency Medical Services.</p> <p>For this subcontract the BPHC staff, headed by Gerry Thomas, Director of the Community Initiatives Bureau, perform many functions for our PRC. The BPHC provides expertise in and training for, Community Health Worker Initiatives, including training for our Resident Health Advocate Training program for residents of public housing to become CHWs and to participate in the workforce. The BPHC staff provides access to public and private datasets for use in analyses of geographical data regarding public housing residents. Ms. Thomas attends Steering committee meetings, and engages in all decisions and future directions of the PRC. She provides guidance on local ordinances and regulations regarding the lives of public housing residents and their health outcomes. Finally, the BPHC houses our BRFSS data for Massachusetts, and allows us to add the question about public housing residence into the BRFSS in Boston each year. In this way we can monitor the health and health behaviors of public housing residents using standard public health surveillance tools, in addition to our PRC driven tools.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Boston Housing Authority
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U48DP001922-04
4. PPHF Funding Amount:	\$56,979.28
5. Subaward Purpose:	<p>The Boston Housing Authority is the largest landlord in Boston and the largest public housing authority in New England. As such, the BHA houses approximately 10 percent of the city's residents through its programs. In addition to providing conventional public housing, the Boston Housing Authority also provides affordable housing through the administration of several rental assistance programs. These programs include the federal Section 8 Voucher Program, as well as the state funded Massachusetts Rental Voucher Program that is overseen by the Department of Housing and Community Development. The BHA's state and federal portfolio and rental assistance programs make it one of the top ten largest housing authorities in the nation. The mission of the Boston Housing Authority is:</p> <ul style="list-style-type: none"> • to provide stable, quality affordable housing for low and moderate income persons; • to deliver these services with integrity and mutual accountability; • and to create living environments which serve as catalysts for the transformation from dependency to economic self-sufficiency. <p>The BHA team, lead by Rachel Goodman, Director of Community Services, performs several functions for the Prevention Research Center. First, it facilitates access into the public housing community through access to staff, communication systems, and services that currently exist in public housing. Second, BHA staff collaborate on the PRC-led Resident Health Advocate (RHA) Program, which recruits, trains, and supports public housing residents in becoming Community Health Workers. Third, it supports internships for RHAs to work within a housing development and to attend to the health needs of the residents of that development. Ms Goodman or her representative attend all steering committee meetings and engage in all decisions and future directions of the PRC, as part of our commitment to Community Based Participatory Research.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of Arizona
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001925-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of Arizona Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In the counties of Arizona that border Mexico, numerous health disparities exist. In many places, community health workers (CHWs) have been found to help improve health conditions by providing culturally appropriate health education to residents and by aiding intervention research. Researchers at the University of Arizona PRC are training CHWs and their supervisors to be advocates for health changes to improve the health of residents living in U.S.-Mexico border communities in Arizona.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Campeños Sin Fronteras
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001925-04
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Campeños Sin Fronteras is a subcontractor and collaborative community partner with the Arizona on the Acción Para La Salud community-based research study. Subcontract funds were used over the past reporting period address advocacy and leadership training, advocacy activities in the community, and data reporting under this contract. Activities include supervision of at least two promotoras working in chronic disease prevention and/or control programs who committed 8 hours per week working on Acción Para la Salud related activities; Participation on the PRC CAB research committee overseeing refinement of research indicators, development of data collection instruments and implementation of data collection protocol; Participation in data collection activities related to CHW advocacy Promotora-driven activities in the community targeting problem/issue identification, development of solutions and community advocacy; and quarterly reporting on CHW documentation of community mobilization and advocacy related activities using data collection protocol.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mariposa Community Health Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001925-04
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Mariposa CHC is a subcontractor and collaborative community partner with the Arizona on the Acción Para La Salud community-based research study. Subcontract funds were used over the past reporting period address advocacy and leadership training, advocacy activities in the community, and data reporting under this contract. Activities include supervision of at least two promotoras working in chronic disease prevention and/or control programs who committed 8 hours per week working on Acción Para la Salud related activities; Participation on the PRC CAB research committee overseeing refinement of research indicators, development of data collection instruments and implementation of data collection protocol; Participation in data collection activities related to CHW advocacy Promotora-driven activities in the community targeting problem/issue identification, development of solutions and community advocacy; and quarterly reporting on CHW documentation of community mobilization and advocacy related activities using data collection protocol.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sunset Community Health Center
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001925-04
4. PPHF Funding Amount:	\$25,000.00
5. Subaward Purpose:	Sunset CHC is a subcontractor and collaborative community partner with the Arizona on the Acción Para La Salud community-based research study. Subcontract funds were used over the past reporting period address advocacy and leadership training, advocacy activities in the community, and data reporting under this contract. Activities include supervision of at least two promotoras working in chronic disease prevention and/or control programs who committed 8 hours per week working on Acción Para la Salud related activities; Participation on the PRC CAB research committee overseeing refinement of research indicators, development of data collection instruments and implementation of data collection protocol; Participation in data collection activities related to CHW advocacy Promotora-driven activities in the community targeting problem/issue identification, development of solutions and community advocacy; and quarterly reporting on CHW documentation of community mobilization and advocacy related activities using data collection protocol.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Regional Center for Border Health, Inc.
2. Subaward Date:	09/30/2012
3. Subaward Number:	5U48DP001925-04
4. PPHF Funding Amount:	\$25,000.00

5. Subaward Purpose:	Regional Center for Border Health is a subcontractor and collaborative community partner with the Arizona on the Acción Para La Salud community-based research study. Subcontract funds were used over the past reporting period address advocacy and leadership training, advocacy activities in the community, and data reporting under this contract. Activities include supervision of at least two promotoras working in chronic disease prevention and/or control programs who committed 8 hours per week working on Acción Para la Salud related activities; Participation on the PRC CAB research committee overseeing refinement of research indicators, development of data collection instruments and implementation of data collection protocol; Participation in data collection activities related to CHW advocacy Promotora-driven activities in the community targeting problem/issue identification, development of solutions and community advocacy; and quarterly reporting on CHW documentation of community mobilization and advocacy related activities using data collection protocol.
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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of Maryland
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$325,000.00
8. Award Number:	5U48DP001929-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of Maryland Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In Maryland, high rates of HIV/AIDS occur in Prince George's County, and new cases of sexually transmitted diseases (STDs) in the area are above the national average. The region's proximity to large cities like Washington, D.C. and Baltimore, Maryland, increases the risk for spread of these diseases since county residents work and socialize in bordering areas. The local health clinics are overburdened in addressing the county's HIV/STD prevention needs. They lack the resources required to provide adequate community education and outreach and coordinate with other HIV/STD education and outreach organizations outside their jurisdiction. PRC researchers are working with the Prince George's County Health Department (PGCHD) to enhance the capacity of STD and HIV programs for prevention through the development of a collaborative network of organizations. The researchers are pilot testing a number of interventions to increase HIV testing, as well as assist those with positive test results find treatment, counseling, and information about safer sex. The interventions will be assessed to determine if they increase the number of people tested, referral rates, quality of information sharing, and use of provider services.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Case Western Reserve University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001930-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Case Western Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In Cleveland, Ohio, food deserts have been identified in many inner-city areas. Researchers are partnering with underserved neighborhoods in these areas to design and implement an intervention to increase access to healthy foods, to make more of them available, and to raise awareness about them.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of New Mexico
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001931-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of New Mexico Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In Cuba, New Mexico, a community partnership called the Step Into Cuba Alliance is implementing a plan to promote walking and hiking for health. The alliance is creating walkways and trails in town and on surrounding federal lands. The program combines evidence-based approaches to increasing people's physical activity, including access to places to be physically active; communitywide information campaigns about using the trails; tailored health programs for individual residents; and social support. PRC researchers will provide assessment and evaluation during the Step Into Cuba program. These activities and the lessons learned from the project will result in a dissemination guide that will help other rural communities that may want to increase physical activity.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of Massachusetts
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U48DP001933-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of Massachusetts Medical School Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. Effective treatment for people with type 2 diabetes includes regular visits to the doctor and self-management skills such as blood glucose monitoring, healthy eating, and physical activity. About 10% of U.S. Latinos have diabetes but factors such as depression, lack of knowledge, and not speaking English create challenges for many Latinos in managing their disease. Researchers at the University of Massachusetts Medical School PRC are evaluating the effectiveness of a patient navigator outreach model designed to engage low-income Latino diabetics who do not seek regular care.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Dartmouth College
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U48DP001935-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Prevention Research Center at Dartmouth College established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. People, who have serious mental illnesses, including bipolar disorder or depression, are at increased risk for obesity and cardiovascular disease, which may shorten their lifespan by more than 20 years. The InSHAPE (Self Health Action Plan for Empowerment) program was developed by the Keene, New Hampshire community to address the issue of death at an early age among people with serious mental illness. The program promotes exercise, nutrition, and use of support networks in order to improve health. Researchers at the Dartmouth PRC are adapting the program as a pilot study for patients with serious mental illness at the Mental Health Center of Greater Manchester to reduce their cardiovascular disease risk. This multi-site, community-based intervention is designed to increase physical activity and improve nutrition of at-risk individuals through inter-generational action-learning collaboratives.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Oregon Health And Science University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001937-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Oregon Health and Sciences University Prevention Research Center established multidisciplinary teams to work with the community, state, local and tribal health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. Researchers are adapting an effective program (Dangerous Decibels®) to prevent noise-induced hearing loss and tinnitus (ringing in the ears) in 8 of 43 federally-recognized American Indian tribes of 3 Pacific Northwest states—Idaho, Oregon, and Washington.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	University of Arkansas for Medical Sciences
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	5U48DP001943-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The University of Arkansas for Medical Sciences Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. In the Mississippi Delta region of Arkansas, many families are poor, lack health insurance, and have high rates of obesity and heart disease. Researchers at the University of Arkansas for Medical Sciences are conducting a pilot study in five counties of the Delta region to determine the best ways to increase family-school engagement in addressing issues of childhood obesity and overweight. Researchers will focus on expanding and strengthening community partnerships and create a Childhood Obesity Working Group (COWG) comprised of parents, school personnel, and key members of grassroots groups. The COWG will determine issues that parents and schools face in addressing childhood obesity and will identify barriers to collaboration in efforts to reduce childhood obesity in the Mississippi Delta.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]

5. Subaward
Purpose:

[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Yale University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$615,000.00
8. Award Number:	5U48DP001945-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and (6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Yale University, Prevention Research Center established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders.</p> <p>Researchers at Yale University Prevention Research Center are working collaboratively with churches and health centers to deliver community-based peer support, mentoring, and education to implement lifestyle interventions to help prevent or reduce the risk of type 2 diabetes in economically disadvantaged cities in Connecticut. Obesity now affects 17% of all children and adolescents in the United States. Researchers at Yale University, Prevention Research Center are working collaboratively with school districts in Missouri and Connecticut to implement a school-based obesity intervention for fourth and fifth graders to change obesity-related behaviors to help prevent the risk of type 2 diabetes as well as other chronic diseases.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Griffin Hospital
2. Subaward Date:	9/30/12
3. Subaward Number:	DP001945-04
4. PPHF Funding Amount:	\$479,702.00
5. Subaward Purpose:	<p>The primary site for the Yale-Griffin PRC is uniquely located at its community partner, Griffin Hospital, and therefore the majority of the Center's staff are located at and activities are conducted at/through the sub award recipient. Activities associated with the PRC core research project are detailed above; additionally, the following activities, supported in part through the PRC's infrastructure, but funded through other sources, was conducted during this period.</p> <p>Quarterly operational meetings (project team, staff, infrastructure, grant planning, Journal Club, and Community Committee) were held, as well as ongoing work to identify potential funding sources. The Deputy Director attended the annual Directors meeting in October, and the PRC submitted its annual report in accordance with funding requirements in December 2012.</p> <p>Four grants were submitted: CAWSES to RWJ Foundation; EMMBARK Biomarkers (collaboration with Duke University) to NCCAM; Kind Bar - Snacking, Satiety, & Weight: A Randomized, Controlled Trial to Kind, LLC; and Community Web Portal for Diabetes (collaboration with Viocare) to NIH/SBIR. One LOI to the Egg Nutrition Center was submitted. One of those proposals was funded: Kind Bar - Snacking, Satiety, & Weight: A Randomized, Controlled Trial.</p> <p>Four manuscripts were published, and 1 was submitted during this period.</p> <p>Ongoing research continued in the areas of Endothelial Function and CAM that are consistent with core mission continued and include: subject recruitment, screening, and enrollment for the Walnut Ingestion in Adults at Risk for Diabetes: Effects on Body Composition, Diet Quality, and Cardiac Risk Measures, Dose And Response to Cocoa, and the NIH-funded Exploring Massage Benefits for Arthritis of the Knee studies.</p> <p>Several evaluation projects ended with final analysis and reports during this period including VSAAC and Milford-Bridges evaluation. Other evaluation activities included the RediClinic quarterly analysis, and the Full Plate Diet 6 month interim report.</p> <p>Recommendations to revise Griffin Hospital's worksite wellness program, WINFIT, operating structure to create an executive level policy/steering committee and an implementation committee were approved during this period, and work continues to support those efforts.</p> <p>Work to advance community health needs assessments and interventions continued with meetings of the ValleyCares QoL WG, the Community Health Needs Assessment WG, and the Naugatuck Valley Community Health Improvement Plan Committee.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Health Communication Specialist II
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$124,936.61
8. Award Number:	200-2009-30659-0094
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Scope of Work and Technical Requirements</p> <ul style="list-style-type: none"> • Has knowledge of and conforms with writing, editing, clearance, and publishing requirements for federal agencies, CDC policies, brand identity standards, and style guides • Creates, edits, and proofreads information products for SEPDPPO, including but not limited to marketing and communication-related materials (e.g., communication policies and processes; fact sheets, and instructional material; programmatic presentations and posters; other); program-related documents (e.g., written descriptions of programs, products for social media, program activities, program review documents, SEPDPPO policy/program/communications office abstracts, letters, memos, other); policy-related materials (e.g., descriptions of program policies; policy activities, priorities, and resources; other); official correspondence (e.g., briefing materials; responses to official inquiries, such as Congressional requests) • Assembles materials, ensures the accuracy, and supports publication and dissemination of policy, program, and communication information products for SEPDPPO e Provides consultative services for programmatic information products to ensure quality products; advises on the most appropriate method of design, presentation, or delivery as appropriate for the intended audience; and ensures adherence to federal and CDC standards, guidelines, and policies for brand identity, writing, editing, and publishing • Supports the official programmatic clearance process for SEPDPPO by providing consultation on the clearance process and by reviewing and approving programmatic information products 9 Coordinates collection and conducts analyses of comprehensive SEPDPPO program information and data, and develops documents relevant to SEPDPPO program activities 6 Participates with management on special projects, organizational excellence and strategic planning activities, policy development or evaluation, and in budget initiatives; prepares, develops or updates, and disseminates associated documents or status reports, as requested § Conducts literature searches on relevant topics, reviews publications, and identifies relevant information in support of SEPDPPO workforce-related initiatives and strategic activities

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Health Communication Specialist - Public Health Workforce Training Program
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$116,757.53
8. Award Number:	200-2009-30659-0096
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Task 1— Develop, write, edit, and proofread SEPDPPO or OSELS/OD information products</p> <p>Scope of Work Develop, write, edit, and proofread information products, including but not limited to abstracts, bulletins and newsletters, papers for journal articles, reports, proposals, fact sheets, brochures, directories, posters, presentation scripts, electronic training modules, and official correspondence.</p> <p>Technical Requirements</p> <ul style="list-style-type: none"> • Ensures that information products are suitable for electronic and print publication by SEPDPPO or OSELS/OD for submission to medical, scientific, and public health journal and book publishers, or for posting on CDC's Internet or intranet sites. • Revises, restructures, and rewrites information products as needed for readability, clarity, and accuracy, as well as for grammatical correctness and in a style suitable to the particular audience for which it is intended. • Provides written and verbal feedback to authors and reviewers regarding recommended changes. • Prepares materials for professional desktop publishing and communicates with desktop publishers and graphic artists in a manner that ensures appropriate preparation of layout proofs and camera-ready copy for photo reproduction, off-set printing, or electronic publication. • Is familiar with copyright regulations, publication disclaimers, authorship requirements, conflict-of-interest concerns, and CDC communication and identity policies. <p>Task 2 — Provide consultation and training services for SEPDPPO and OSELS/OD staff and fellows</p> <p>Scope of Work Provide consultation and training services for SEPDPPO and OSELS OD staff and fellowship participants in one-on-one or group settings.</p> <p>Technical Requirements</p> <ul style="list-style-type: none"> • Provides training and promotes development of sound writing and presentation techniques by professional staff and training program participants in either one-on-one or group sessions. • Remains knowledgeable regarding CDC, OSELS, and SEPDPPO authorship and clearance policies and procedures, including operation of CDC's electronic clearance system. • Conforms with writing, editing, and publishing requirements for federal agencies in general and CDC, OSELS, and SEPDPPO in particular. • Uses negotiating skills and sound judgment in advising authors, reviewers, and staff on matters regarding best communication practices and use of CDC's electronic clearance system. • Understands the necessity of being available and easily accessible for one-on-one or group consultation during regular business hours. • Supports other SEPDPPO/Science Office staff in ensuring availability and responsiveness to customer needs. <p>Task 3 Assist SEPDPPO or OSELS/OD staff in support of scientific clearance</p> <p>Scope of Work Assists SEPDPPO or OSELS/OD staff in support of the official clearance process for all science-related information products.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Program Assistant
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$78,518.96
8. Award Number:	200-2009-30659-0098
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<ul style="list-style-type: none"> • Provide administrative support and perform general office tasks for DAS, Office of EIS Program, such as answering the telephone, word-processing, filing, copying, and collating and data entry, and room scheduling. As required, provide backup support for all incoming Division calls to include taking calls for the Director of the program office. • Serve as Branch Point of Contact (POC) between DAS and the Business Services Activity (BSA) for all personnel, procurement, property, travel, training, Fare Share receipts, and miscellaneous building/facility/maintenance requests. • Process all stipend and insurance payment paperwork for all International EIS officers. • Serve as Branch POC for all staff/fellows and visitors, directing them to the appropriate personnel and resources within the division. • Maintain Branch personnel, procurement request, Fare Share, Travel, and other files and records, as appropriate. • Schedule meeting space as needed. • Assist in the implementation of in- and out-processing of staff, contractors, and fellows. • Process and distribute mail for DAS/EIS. • Provide customer service to internal and external partners/customers. • Use office automation programs to extract and maintain office data. This shall include tracking supply orders, small purchase orders, Administrative Request System (ARS), publication orders, etc. for DAS/EIS. <p>Performance Standards</p> <ul style="list-style-type: none"> • Incoming telephone calls shall be answered within three rings. All calls received within the Branch will be handled in a professional, courteous, and helpful manner. Messages taken shall be correct 97% of the time and received within one (1) hour (unless on leave or travel). This element will be measured by no more than two substantiated or valid complaints brought to the Agency Project Officer's attention regarding messages, phone courtesy, phone coverage or schedules. • Consistently provides responsive service to internal/external customers that support customer and program requirements. • Assigned tasks/projects are to be completed within established deadlines. • Stipend and Insurance payment paperwork and other requests and administrative orders shall be completed according to standard operating procedures timeframes and as requested by SEPDP/DAS/EIS program with less than a 5% error rate. This element will be measured by no more than two (2) valid complaints received by the Agency Project Officer in a month.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Public Health Advisor
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$115,223.18
8. Award Number:	200-2009-30659-0102
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Coordinates specific PHPS process; new class selections, field assignment selection and placement, and CC rotation selection and placement.</p> <p>Documents internal policies for several areas including administrative policies, supervision, clearance, program guidance, field assignments, and post-PHPS related policies.</p> <p>Prepares logistics for field assignment interview day.</p> <p>Coordinates letter of intent and full application submission and reviews processes for field assignments in collaboration with the Public Health Analyst.</p> <p>Organizes recruitment activities and potential field assignments.</p> <p>Coordinates personnel processing of selected candidates; new application acceptance period; application reviews and scoring; data analysis and recommendations in collaboration with the Public Health Analyst; as well as the coordination of the Application committee meeting for selection of candidates for interview; behavioral training for interviews and PHPS Interview Days.</p> <p>Coordinates the solicitation of CDC assignment proposals; matching, including notification of Prevention Specialist re-assignments; convening new supervisors for orientation.</p> <p>Drafts PHPS policies based on PHPS program staff input, existing documents, and needs identified by the Prevention Specialist.</p> <p>Reviews draft of PHPS policies manual outline.</p> <p>Reviews necessary background information to understand the mission and vision of the processes and overall program.</p> <p>Provides a monthly progress report due by the 5th work day following the end of the month.</p> <p>Interacts with a variety of public health partners.</p> <p>Posses knowledge and understanding of the PHPS program, as well as concepts and practices applied by health organizations.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Health Communication Specialist II
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$124,936.61
8. Award Number:	200-2009-30659-0112
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>ESSENTIAL DUTIES AND RESPONSIBILITIES Essential duties and responsibilities include the following. Other duties may be assigned.</p> <ul style="list-style-type: none"> • Serves as writer-editor to support the official clearance process for all SEPDPPO programmatic information products • Provides consultative services to enhance program effectiveness through communication products by advising on the most appropriate method of presentation, content, writing style, and layout design for the intended audience(s) • Offers individual consultation and group trainings on SEPDPPO programmatic style guide and clearance process • Develops, writes, edits, and proofreads programmatic information products (Web-based and print materials), including but not limited to reports, abstracts, manuals, fact sheets, brochures, proposals, directories, instruction books, training curricula, posters, presentation scripts, official correspondence, and slide presentations • Ensures programmatic information products meets editorial requirements, grammatical correctness, readability, clarity, accuracy, completeness and effectiveness, and a style suitable to the intended audience(s) • Conducts literature searches on relevant topics, in support of SEPDPPO activities and workforce-related initiatives • Conforms with writing, editing, and publishing requirements for federal agencies, CDC and SEPDPPO, and with CDC communication policies, identity policies, and style guides • Is familiar and conforms with writing, editing, and publishing requirements for federal agencies in general; and CDC and SEPDPPO in particular • Is familiar with HHS clearance requirements and CDC clearance policies, including copyright regulations, publication disclaimers, authorship requirements, and conflict of interest concerns • Conforms with CDC communication policies, identity policies, and style guides • Assists in developing SEPDPPO programmatic style guide and clearance policies and procedures for Web, print, and e-learning products • Uses computer hardware and software (Windows based applications such as Microsoft's Word, Excel, Outlook, VIZIO, Publisher, and PowerPoint) to write, edit, and perform research online • Accesses and operates electronic manuscript-tracking/archival programs and databases in support of clearance and communication activities • Protects confidentiality of information products, as appropriate • Understands the necessity for successfully completing assignments on time; demonstrates flexibility and changes order of priorities as needed to meet or exceed required deadlines, often under tight time constraints • Demonstrates flexibility and changes order of priorities as needed to facilitate completion of assignments, often under tight time constraints • Performs other relevant assignments, as assigned • Works independently, under minimal supervision

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Program Assistant
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$78,418.96
8. Award Number:	200-2009-30659-0113
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Task 1 - Administrative Functions - Independently, and not as an agent of the Government, the contractor will serve as the point of contact for Epidemic Intelligence Services Program (EIS) program. The contractor will administer the Federal Agency Travel Administrator (FATA), HHS Memos, and travel credit cards in order to meet program needs.</p> <ul style="list-style-type: none"> • Prepare travel documentation pertaining to orders, memos, travel vouchers, and required supporting documentation for approval and disbursement of funds. • Process all BMA requests for the Division using the ARS, including process personnel, procurement, property, travel, training, Fare Share receipts, and miscellaneous building/facility/maintenance requests. • Serve as Division POC for all staff/fellows and visitors, directing them to the appropriate personnel and resources within the division. • Assist with travel for staff and relocation of incoming and outgoing staff and fellows. • Provide effective customer service to internal and external partners/customers. • Maintain Division personnel forms, procurement request, Fare Share, Travel, and other files and records, as appropriate. • Use office automation programs to extract and maintain office data. This shall include tracking supply orders, small purchase orders, publication orders, etc. for SEPDPD Monitor and confirm the appropriate Common Accounting Number (CAN) and Object Class codes for all orders, Visa requests, and training and travel documents. <p>Task 2 - Coordination Activities – Track incoming and outgoing correspondence, coordinate details of a highly confidential and critical nature, and monitor external/internal communications, address communications in an expeditious manner and bring critical issues to immediate attention of the management. Evaluates documents and coordinates incoming data from a variety of sources. Review documents, reports, and/or applications for omissions and inconsistencies, and ensures data entry is complete and accurate.</p> <ul style="list-style-type: none"> • Coordinate with program to gather all of the information required to complete the OSELS entrance form. This includes the incoming individual's personal contact information as well as their office location and contact information • Prepare and review recruitment packages, promotion packages, and reassignments for EIS fellows. • Coordinate with program to prepare stipend increase for EIS fellows

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Program Assistant
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$78,418.96
8. Award Number:	200-2009-30659-0114
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Task 1 - Administrative Functions - Independently, and not as an agent of the Government, the contractor will serve as the point of contact for Epidemic Intelligence Services Program (EIS) program. The contractor will administer the Federal Agency Travel Administrator (FATA), HHS Memos, and travel credit cards in order to meet program needs.</p> <ul style="list-style-type: none"> • Prepare travel documentation pertaining to orders, memos, travel vouchers, and required supporting documentation for approval and disbursement of funds. • Process all BMA requests for the Division using the ARS, including process personnel, procurement, property, travel, training, Fare Share receipts, and miscellaneous building/facility/maintenance requests. • Serve as Division POC for all staff/fellows and visitors, directing them to the appropriate personnel and resources within the division. • Assist with travel for staff and relocation of incoming and outgoing staff and fellows. • Provide effective customer service to internal and external partners/customers. • Maintain Division personnel forms, procurement request, Fare Share, Travel, and other files and records, as appropriate. • Use office automation programs to extract and maintain office data. This shall include tracking supply orders, small purchase orders, publication orders, etc. for SEPDPD Monitor and confirm the appropriate Common Accounting Number (CAN) and Object Class codes for all orders, Visa requests, and training and travel documents. <p>Task 2 - Coordination Activities – Track incoming and outgoing correspondence, coordinate details of a highly confidential and critical nature, and monitor external/internal communications, address communications in an expeditious manner and bring critical issues to immediate attention of the management. Evaluates documents and coordinates incoming data from a variety of sources. Review documents, reports, and/or applications for omissions and inconsistencies, and ensures data entry is complete and accurate.</p> <ul style="list-style-type: none"> • Coordinate with program to gather all of the information required to complete the OSELS entrance form. This includes the incoming individual's personal contact information as well as their office location and contact information • Prepare and review recruitment packages, promotion packages, and reassignments for EIS fellows. • Coordinate with program to prepare stipend increase for EIS fellows • Arrange travel and accommodations for EIS fellows. Review online local travel voucher and the accompanying receipts for adherence to travel policies and regulations, and notify the program when the local travel voucher has been approved.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Management Analyst
4. Recipient Name:	Chickasaw Advisory Services , LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$134,879.87
8. Award Number:	200-2009-30659-0115
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Contractor shall:</p> <ul style="list-style-type: none"> • Review and update internal procedures related to budget, personnel, procurement, Fare Share, travel and training requests, property inventories and maintenance, timekeeping, and miscellaneous building/facility/maintenance requests on behalf of SEPDPO, Business Management Activity. • Provide advice and recommendations to the PMO and Deputy Director, SEPDPO regarding existing policies, processes and procedures related to fiscal and business issues, to include planning and program development. • Review and analyze SEPDPO business activities to determine opportunities to streamline current activities and realize efficiencies in the areas of business services and management/operations. • Develops comprehensive budget tracking system for SEPDPO/OD and Divisions. • Develop tracking tools for routine and non-routine requests and business activities. Implement procedures for continued tracking of critical suspense dates and provide recommendations for senior staff and BMA team members. • Provide effective customer service to internal and external partners/customers. <p>Deliverables</p> <p>Participates in weekly team meeting and provides a status update on workload and activities. Monthly progress report due by the 5th work day following the end of the month. Development and implementation of tracking tools as described in duties above.</p> <p>Responsible for the integration of CNI Core Competencies into daily functions, including: commitment to integrity, knowledge/quality of work, supporting financial goals of the company, initiative/motivation, cooperation/relationships, problem analysis/discretion, accomplishing goals through organization, positive oral/written communication skills, leadership abilities, commitment to Affirmative Action, reliability/dependability, flexibility and ownership/accountability of actions taken.</p> <p>Responsible for aiding in own self-development by being available and receptive to all training made available by the company.</p> <p>Plans daily activities within the guidelines of company policy, job description and supervisor's instruction in such a way as to maximize personal output.</p> <p>Responsible for keeping own immediate work area in a neat and orderly condition to ensure safety of self and co-workers. Will report any unsafe conditions and/or practices to the appropriate supervisor and human resources. Will immediately correct any unsafe conditions as the best of own ability.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	FMS Support Services
4. Recipient Name:	Deloitte Consulting, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,205,000.00
8. Award Number:	200-2010-37210-0002-00002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The Fellowship Management System (FMS) solution is an online fellowship application, host site application, and alumni directory system to monitor and track applicants, host site applications, and fellows amongst various Scientific Education and Professional Development Program Office fellowships. As part of the project, the team completed development of a host site review, a host site application, and continued system maintenance support of the system.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Fellowship Management System (FMS) Support Services
4. Recipient Name:	Deloitte Consulting, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$173,977.72
8. Award Number:	200-2010-37210-0002-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The Fellowship Management System (FMS) solution is an online fellowship application, host site application, and alumni directory system to monitor and track applicants, host site applications, and fellows amongst various Scientific Education and Professional Development Program Office fellowships. As part of the project, the team completed development of a host site review, a host site application, and continued system maintenance support of the system.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce - PHAP
3. Award Title:	Communication Project
4. Recipient Name:	Emergint Technologies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$171,172.40
8. Award Number:	200-2010-37211-0015-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Supporting all aspects of the OSTLTS Public Health Associate Program (PHAP), Public Health Prevention Specialist (PHPS), and the National Public Health Improvement Initiative (NPHII) program SharePoint sites internally and externally, including development, design., maintenance and metrics. Launched the PHPS SharePoint site; Redesigned OSTLTS SharePoint Intranet site collection improved site navigation.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Training, delivery, and accreditation
4. Recipient Name:	Emergint Technologies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$937,300.00
8. Award Number:	200-2010-37211-0023-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide support for the training design, training accreditation, and training delivery services offered by CDC's Educational Design and Accreditation Branch (EDAB) in the Scientific Education and Professional Development Program Office (SEPDPO). EDAB provides these training services to CDC's programs and offices through specific design, accreditation and delivery activities including, training analysis and reporting, instructional and educational design, e-learning development, training evaluation, continuing education accreditation, training delivery and learning management. Meningococcal Vaccine ACIP® CE Proposal for CME review; Continued development of the Quick Learn template to include the new look of the CDC mobile site. This involved a complete redesign of the existing template.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Training, delivery, and accreditation
4. Recipient Name:	Emergint Technologies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$142,093.00
8. Award Number:	200-2010-37211-0023-00002
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide support for the training design, training accreditation, and training delivery services offered by CDC's Educational Design and Accreditation Branch (EDAB) in the Scientific Education and Professional Development Program Office (SEPDPO). EDAB provides these training services to CDC's programs and offices through specific design, accreditation and delivery activities including, training analysis and reporting, instructional and educational design, e-learning development, training evaluation, continuing education accreditation, training delivery and learning management. Upgraded the CDC Learning Connection website from version 2.4 to version 2.7; Created and edited pages and images for the CDC Learning Connection website

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	IT Support
4. Recipient Name:	Emergint Technologies, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$842,626.14
8. Award Number:	200-2010-37211-0025
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Information Management Services (IM) for Scientific Educational and Professional Development Program Office (SEPDPO) Information Technology Support. The goal of the IT team is to be a leader in database and web application development in support of public health. Received ATO for TCEO2.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	ITSO Operations Branch Application Hosting Services
4. Recipient Name:	HP Enterprise Services, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$85,000.00
8. Award Number:	200-2010-37212-0003-00009
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	CDC ITSO/AHB with support from HP Enterprise Services provided a dedicated server and support required for the Fellowship Management System during this time period.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Prototype Knowledge Management System
4. Recipient Name:	SciMetrika, LLC
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,360,509.94
8. Award Number:	200-2011-F-40268-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Non-personal services contract to retain services of up to 6 qualified Epidemiologist I contractors to participate in HSIP program in addition to other contract support positions. The Epidemiologist I positions will be assigned to state and local health departments to lead in the epidemiologic support of public health programs and projects.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Education/Evaluation Projects
4. Recipient Name:	Deloitte Consulting, LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$858,158.98
8. Award Number:	200-2011-F-40803-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	The purpose of this award is to support the planning, instructional design, and assessment of CDC's Scientific Education and Professional Development Program Office's educational fellowship programs. As part of the project, the team evaluated and refined educational competencies to determine if programs were meeting the changing needs of the public health workforce. Additionally, as a part of this contract, Deloitte supported SEPDPPO in the development of assessment tools to evaluate fellows' achievement of public health competencies. To support the required competencies for both the fellows and the larger public health workforce, the team is creating instructor-led and e-learning solutions. Also to support the learners during their field experiences, the team supported SEPDPPO in the creation of a mentoring framework. The solution includes a definition of roles, regular communication and reference materials, and classroom based training.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	NDOTRONIX INTERNATIONAL CORPORATION
2. Subaward Date:	09/02/2012
3. Subaward Number:	200-20011-F-40803-00003
4. PPHF Funding Amount:	\$44,224.32
5. Subaward Purpose:	The purpose of this sub-contract was to support the development of a framework for mentors and supervisors that support SEPDPPO fellows. The solution included classroom training, resources, and communication.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	AgreeYa Solutions, Inc.
2. Subaward Date:	09/02/2012
3. Subaward Number:	200-20011-F-40803-00003
4. PPHF Funding Amount:	\$36,853.60
5. Subaward Purpose:	The purpose of this sub-contract was to supported the development of the e-learning course for the EIS program. The module was developed in Captivate and will be part of a seven module solution.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Public Health Workforce
3. Award Title:	Association of Public Health Laboratories (APHL)
4. Recipient Name:	Association of Public Health Laboratories
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,003,150.00
8. Award Number:	3U60HM000803-03W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.749
11. Summary of Activities:	<p>PPHF EID Laboratory Fellowship Project: During this period APHL used funds to support up to 12 EID Laboratory Training and Research Fellows at local and state public health laboratories. Four of the fellows were 2-year postdocs completing their second year in the program, and 8 were new 1-year post baccalaureates recruited in 2012 who began their fellowships in September. Support included stipends, medical insurance, and travel allowances for the fellows, and APHL administrative staff time and resources.</p> <p>National Environmental Public Health Tracking Program: APHL used funds to promote the National Environmental Public Health Tracking Program through communications and trainings. APHL communicated to members and constituents through electronic channels, including weekly electronic newsletter E-Update and Twitter. APHL staff worked with states to gather success stories to share in a webinar for laboratorians, which will introduce the Tracking Network and to feature tracking grantees who have worked successfully with state labs on a project.</p> <p>VPD Reference Laboratory Project: APHL used PPHF funds to establish four Vaccine Preventable Disease (VPD) Reference Laboratories in CA, NY, MN and WI. VPD Reference Laboratories will provide reference services for molecular, genotyping and serologic testing to support other PHLs and CDC in a shared service model for measles, mumps, rubella, varicella-zoster virus, B. pertussis, S. pneumoniae, N. meningitidis, and H. influenzae. Additionally, VPD Reference Laboratories will improve informatics capability and data capture of VPD information by creating standard 2.5.1 HL7 messages across all VPD Reference Laboratories. Project kick off calls were held in mid November 2012, and a training was held at CDC for laboratory personnel in early December. VPD Reference Laboratories are currently in the process of validating assays.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Foundation Enterprises
2. Subaward Date:	12/5/2012
3. Subaward Number:	3U60HM000803-03W1
4. PPHF Funding Amount:	\$135,500.00
5. Subaward Purpose:	Funds were used to send laboratory personnel from the California State Department of Health to attend a training at CDC in early December. Funds will be used to provide salary for a microbiologist position and to purchase kits, primers and probes.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Wisconsin State Laboratory of Hygiene
2. Subaward Date:	12/14/2012
3. Subaward Number:	3U60HM000803-03W1
4. PPHF Funding Amount:	\$245,500.00
5. Subaward Purpose:	Funds were used to send laboratory personnel from the Wisconsin State Laboratory of Hygiene to attend a training at CDC in early December. Funds will be also used to provide salaries for microbiology positions and to purchase kits, primers and probes.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Association of Public Health Laboratories
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	National Reach Coalition
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,998,179.00
8. Award Number:	1U58DP004688-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	The purpose of this award is designed to support national organizations to fund, manage, and monitor sub-recipients, such as such as local community-based organizations or associated partner/member organizations, to address health disparities and implement evidence- and practice-based strategies that reduce health disparities for intervention population(s) experiencing high burden of disease or risk factors. Populations include African American/Black, Latino/Hispanic, Native Hawaiian/Pacific Islander and Asian American communities. These efforts will contribute to the development and implementation of a community health action plan to address chronic disease health disparities. This award specifically addresses the following three "Strategic Directions:" tobacco-free living, active living and healthy eating. During the reporting period NRC staff completed and submitted all additional and revised documentation requested by PGO to complete the award process. Staff also submitted a summary statement response to specific comments and recommendations made by proposal reviewers. In late November, staff submitted information to PGO on the sub-recipients identified for funding under the grant. Included in the submission was the six elements required for contractual agreements. Recruiting for vacant staff positions also took place. Four of the 5 staff positions outlined for NRC's REACH program have now been filled. (Program Manager, 2 Project Specialists, and an Office Assistant.) Recruiting is under way for the Program Evaluator position.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hidalgo Medical Services - Center for Health Innovation
2. Subaward Date:	[Enter the subaward date (10/01/2012).]
3. Subaward Number:	1U58DP004688-01
4. PPHF Funding Amount:	\$37,000.00
5. Subaward Purpose:	Through collaboration with Hidalgo Medical Services - Center for Health Innovation (HMS - CHI), NRC has the ability to effectively distribute and appropriately monitor grant funding. HMS-CHI's focus is to support local health, economic and community development while supporting national efforts to improve health status and quality of life within disenfranchised populations. In addition to being in partnership with HMS - CHI, they are also contracted to provide financial services to NRC which includes the distribution and monitoring of sub-recipient grant funds, and the preparation of financial reports for both the organization and the CDC. As the fiscal manager for NRC, HMS - CHI is also contracted to do the following: Establish and maintain bank account and on-line banking services for the NRC REACH Program; Establish cost centers in the accounting system for the NRC REACH Program overall and each partner individually to track and report all financial transactions related to the program; Provide for appropriate checks and balances in financial transactions; Provide accounting system and data entry; Assure bonding of all related staff; Oversee compliance with established Financial Policies and Procedures; Oversee purchasing procedure including contracts development and management and capital purchases bids process; Operate a payroll system; Assure all state and federal taxes are paid in a timely manner; Prepare and distribute monthly financial statements including balance Sheet and actual/budget revenues and expenses comparisons for NRC and the Board; Prepare and submit federal budget adjustments and carry-over requested on behalf of the NRC and Board upon approval; Manage federal draw downs and reporting required; Ensure FSS/R are submitted in a timely manner; Assure payables are handled in a timely manner. Funding will be distributed in regular installments over the contract year based on the completion of stated objectives identified in each NRC REACH member's work plan. NRC REACH members will complete and submit invoices to NRC indicating accomplishment of activities. In turn, invoices will be processed and paid in a timely manner. HMS-CHI will also ensure that an independent certified auditing firm conducts annual and A- 133 audits. The firm chosen will have experience in federal audit requirements and compliance. The HMS-CHI Financial Manager will prepare monthly financial statements, which will be reviewed by NRC REACH's Program Director and submitted to the NRC Board of Directors for review and approval. The NRC and HMS-CHI will work together to prepare regular financial reports to the CDC as required by the program. Reports will include cost data for each of the NRC REACH partners detailing number of individuals reached per intervention in target populations in relation to program expenditures.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	Asian-American Health Forum
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,998,179.00
8. Award Number:	1U58DP004685-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	<p>The Asian & Pacific Islander American Health Forum (APIAHF) and the New York University School of Medicine's Center for the Study of Asian American Health (CSAAH) are co-lead organizations for the Strategies To Reach and Implement the Vision of Health Equity (STRIVE) Project. The STRIVE Project is aligned with Healthy People 2020: to achieve chronic disease health equity, eliminate disparities, and improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs) across the U.S. and its affiliated jurisdictions.</p> <p>The primary program goals are: 1) to increase the ability of AA and NHPI CBOs and coalitions to implement evidence- and practice-based strategies that reduce health disparities for the risk factors of lack of physical activity, poor nutrition, and weight; and 2) to ensure the involvement of AA and NHPI populations in the development of a community health action plan to address chronic disease health disparities.</p> <p>Studies have shown that obesity is prevalent among Filipinos, South Asians, Native Hawaiians, and Pacific Islanders. National data indicates that AA and NHPI communities have some of the lowest rates of physical activity. Only 38.6% of AAs and NHPIs met recommended levels of lifestyle physical activity, compared with 45.8% of the total U.S. population. The limited data related to AA and NHPI nutrition indicates significant burden of nutrition-related health disparities among AA and NHPI populations.</p> <p>During this award period, the STRIVE Project staff participated in several CDC-led conference calls and webinars as well as a CDC-led face-to-face meeting in Atlanta, GA on October 24-25, 2012. The STRIVE Project is currently undertaking a process to review, select, and support 15 community based organizations to conduct a community health assessment and environment scan; to develop a local, population-wide community action plan; and to implement high-impact, populations-wide strategies towards one or more health improvement area (i.e., physical activity, proper nutrition, and/or weight management) in their local AA and NHPI populations.</p> <p>Other key activities include:</p> <ul style="list-style-type: none"> • Regular STRIVE project meetings and discussion with CSAAH. • Submitting to CDC a revised STRIVE Project Work Plan. • Holding bimonthly APIAHF STRIVE Project staff meetings. • Co-leading a STRIVE Project planning meeting November 26-27, 2012 to discuss the work plan, roles and responsibilities, the request for proposals process, review of applications, potential evidence-based strategies, and review and sharing of trainings and learning modules for the sub-recipients. • Co-hosting two webinars for potential applicants. • Reviewing letters of intent for application. • Conducting literature reviews of case examples, and pulling together materials and tools for the technical assistance trainings and workshops • Initiating the identification of shared core evaluation measures for reporting outcomes

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	New York University School of Medicine's Center for the Study of Asian American Health
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U58DP004685-01
4. PPHF Funding Amount:	\$465,000.00
5. Subaward Purpose:	<p>NYU Center for the Study of Asian American Health (CSAAH) has been funded to co-partner on the STRIVE Project under the leadership of the Asian Pacific Islander American Health Forum (APIAHF) to implement the overall project mission, goals and objectives. The first several months of the grant were spent completing the hiring of 1 new staff member and to the orientation of the CSAAH staff to the STRIVE Project and to their STRIVE project roles and responsibilities. Bimonthly STRIVE project CSAAH staff meetings were held starting in October 2012.</p> <p>Completed activities and work conducted included the following:</p> <ul style="list-style-type: none"> • Hiring and orienting CSAAH staff members assigned to the STRIVE Project. • Regular STRIVE project meetings and discussion with APIAHF (bimonthly or more as needed). • Assisting on the completion of the Request for Applications for STRIVE Project sub-recipients. • Assisting on the completion of the STRIVE Project Work Plan. • Attendance at the October 24-25 CDC REACH Kick-off meeting by STRIVE Project co-director, Simona Kwon. • Holding bimonthly CSAAH STRIVE Project staff meetings. • Hosting a STRIVE Project planning meeting Nov 26-27 in NYC to discuss the work plan, roles and responsibilities, the RFP release process, review of applications, potential evidence-based strategies, and review and sharing of trainings and learning modules for the sub-recipients. • Implementing and releasing the RFP including co-hosting the webinar for potential applicants, co-creating scoring review sheets, identifying reviewers, creating a webpage for the RFP. • Reviewing letters of intent for application. • Assisting in the invitation to potential sub-recipients to submit a full application including co-hosting the applicant webinar and finalizing the scoring tool. • Conducting literature reviews of case examples, and pulling together materials and tools for the technical assistance trainings and workshops • Initiating the review and cataloging potential web-based database programs or tools • Initiating the identification of shared core evaluation measures for reporting outcomes

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	University of Colorado at Denver
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,998,634.00
8. Award Number:	1U58DP004690-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	<p>Selection of Sub-Recipients: Our main activity for this first semi-annual report period of REACH 2012 funding has been the selection of sub-recipient award organizations. We sent a request for work plan proposals to all 34 Urban Indian Health Organizations (UIHOs) across the country. We held conference calls for interested UIHOs on October 23 and October 29. We received work plan proposals from 16 UIHOs on November 1, 2012. Since then, we have held calls with each UIHO to further refine their work plans and provide extensive feedback. During this process, one UIHO chose not to continue pursuing funding due to a low target population within the city, and a lack of resources and skills to meet the project objectives.</p> <p>Given the need to address geographic spread among our sub-recipients and to avoid geographic duplication, we completed extensive research to determine which cities have current or recent CDC funding and to obtain the details of this funding. We learned that only one UIHO was located within a city that is receiving or had received CDC funding that targets(ed) the American Indian/Alaska Native population. This site chose not to proceed with the pursuit of REACH sub-recipient funding through our project.</p> <p>We will be receiving all revised work plans and proposed budgets on January 15. Following a review of their revised work plans and proposed budgets, we plan to submit a listing of at least 10-14 UIHOs recommended for funding to CDC by January 19th.</p> <p>Training: In addition to the October REACH meeting at the CDC campus in Atlanta, we have attended all suggested trainings provided by CDC. This includes the Awardee Orientation to Technical Assistance Provision and the Portal Tracker, and the PPHF Recipient Reporting Guidance Webinar. We have also held bi-weekly conference calls with the four additional REACH awardees to discuss processes such as avoiding geographic duplication, reporting, and budgeting.</p> <p>Reporting: With guidance from CDC, we have revised our final work plan, final budget, and final budget justification. We then put these into the required templates and submitted them to CDC on November 27, 2012.</p> <p>Hiring: We are currently in the process of hiring a Monitoring and Evaluation Specialist to work on the REACH project. This individual will provide technical assistance to the sub-recipients as it relates to evaluation. We held first round interviews and will be identifying our chosen candidate within the next two weeks.</p> <p>Developing Resources: We have begun developing resources for the sub-recipients so that they will be available once the sub-contracts are executed. In collaboration with the four additional REACH awardees, we have created a Toolkit for the sub-recipients with documents and resources that they may access for technical assistance. Additionally, we have created a website with information for the sub-recipients and the general community.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	Hidalgo Medical Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,962,062.00
8. Award Number:	1U58DP004710-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	The purpose of this award is designed to support national organizations to fund, manage, and monitor sub-recipients, such as local community-based organizations or associated partner/member organizations, to address health disparities and implement evidence- and practice-based strategies that reduce health disparities for intervention population(s) experiencing high burden of disease or risk factors. HMS is focusing specifically on Hispanic/Latino populations. These efforts will contribute to the development and implementation of a community health action plan to address chronic disease health disparities. This award specifically addresses the following 3 "Strategic Directions:" changes in weight, proper nutrition, physical activity. During this reporting period, HMS has executed contracts with 3 Consortium partners, developed and released a request for proposals for sub-recipients and begun development of a sub-recipient toolkit. HMS has also employed a Program Manager and Technical Assistance Specialist.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Northwest Regional Primary Care Association
2. Subaward Date:	November 1, 2012
3. Subaward Number:	1U58DP004710-01
4. PPHF Funding Amount:	\$149,311.80
5. Subaward Purpose:	Participated in Consortium in-person meeting and monthly conference calls Conducted review of work plan and timeline Assisted in development of request for proposals and distributed to northwest organizations Hired a full-time project manager to oversee day-to-day activities of NWRPCA's role in Consortium Began development of toolkit modules for sub-recipients

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The University of Texas Health Science Center at Houston
2. Subaward Date:	November 1, 2012
3. Subaward Number:	1U58DP004710-01
4. PPHF Funding Amount:	\$155,083.04
5. Subaward Purpose:	Participated in Consortium in-person meeting and monthly conference calls Conducted review of work plan and timeline Assisted in development of request for proposals Hired a full-time project manager/evaluator to oversee day-to-day activities of UT's role in Consortium and Consortium evaluation Began development of toolkit modules for sub-recipients Began development of evaluation plan and tools

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Arizona
2. Subaward Date:	November 1, 2012
3. Subaward Number:	1U58DP004710-01
4. PPHF Funding Amount:	\$147,800.43
5. Subaward Purpose:	Participated in Consortium in-person meeting and monthly conference calls Conducted review of work plan and timeline Assisted in development of request for proposals and distributed to Arizona organizations Began development of toolkit modules for sub-recipients

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	University of California Los Angeles - Board of Regents
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,998,179.00
8. Award Number:	1U58DP004720-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	<p>Since receipt of this award, we have engaged in four major activities to begin working toward our program goals: (1) Attendance at In-Person Award Recipient Meeting in Atlanta; (2) Completion of Project Workplan; (3) Development of project toolkits and other materials ; (4) Identification of sub-recipients.</p> <ol style="list-style-type: none"> 1. Dr. Annette Maxwell and Alison Herrmann attended the sub-recipient meeting in Atlanta in October, 2113 2. Our workplan was finalized and submitted to PGO in November 2012 3. We began extensive work on the development of our project toolkits and other materials to support sub-recipient implementation of Healthy-by-Default REACH program strategies 4. We engaged in extensive communications with 17 organizations in order to determine which have the capacity to perform the work associated with successfully implementing the Healthy-by-Default REACH project. Most organizations were contacted based on previous partnerships and collaborations with UCLA and one organization was introduced as a new partnership during the vetting process. The selection process for each organization focused on the proclivity of including dissemination strategies within organizational capacity, as well as a history of successful work to improve health in underserved communities. <p>In addition to these activities, we've hired two new full-time staff members: Denise Woods, DrPH and Christopher Chau, RD, MPH. Dr. Woods was hired to serve as the full-time Program Manager, and has work together with Interim Program Manager, Dr. Alison Herrmann, to create continuity of communication and workflow during this transition period. Dr. Woods has extensive experience working to cultivate health behavior change among racial/ethnic minority population groups. In addition to this, Mr. Chau was hired to serve as the full-time Project Coordinator. He is trained as a registered dietician and also holds a MPH.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A at this time
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A at this time
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	Obesity and Hypertension Demonstration Projects
4. Recipient Name:	Boston Public Health Commission
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,606,088.00
8. Award Number:	1U58DP004726-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.743
11. Summary of Activities:	<p>The Boston REACH Obesity and Hypertension Demonstration Project grant award began on September 30, 2012. Start-up activities to align resources and undertake pre-implementation planning commenced immediately. The Boston REACH Project is a four-way partnership among the Boston Public Health Commission, Boston REACH Coalition, Harvard School of Public Health, and the YMCA of Greater Boston.</p> <p>Staffing The Principal Investigator, Anne McHugh, MS, began work on start-up activities immediately upon receipt of the award. The Project Director position was created, posted and recruited. Janine Anzalota, LICSW, MPH was hired and began work on December 31, 2012. The Project Coordinator position was created, posted and recruited for. Interviews are in process. The Senior Researcher, Research Associate, Operations Coordinator and Administrative Assistant positions were filled by internal candidates.</p> <p>Sub-awards Meeting Subcontract scopes of work and budget with two core partners, Harvard School of Public Health and the YMCA of Greater Boston, were negotiated. Contracts were not yet executed by 12/30/12.</p> <p>Leadership Team The Leadership Team convened in early October and has met four times. In addition, most members attended the 'reverse site visit' kick-off meeting at the CDC in Atlanta, GA in early November. The Leadership Team consists of two representatives each from the four core partners.</p> <p>Evaluation Team The Evaluation Team convened and has been holding weekly telephone calls to develop the evaluation plan.</p> <p>Assessment Process and Workplan Revision Initial activities to conduct the required assessment as part of workplan finalization occurred. These included collection of additional local information about current status of activities, opportunities, and challenges for each of the proposed initiatives; background research and discussion with CDC subject matter experts about evidence based practices, and initial communication with potential additional community partners.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	Obesity and Hypertension Demonstration Projects
4. Recipient Name:	Community Health Councils, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$7,693,912.00
8. Award Number:	1U58DP004732-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.743
11. Summary of Activities:	<p>Community Health Councils' (CHC) REACH Demonstration project is designed to reduce environmental and economic impediments that contribute to higher rates of obesity and hypertension in the African American and Latino community. The project will focus on transforming the relationship between the public schools and the surrounding community to increase access to healthy food, physical activity, preventive and primary care. The project provides a systematic examination and assessment of the efficacy, equity and implementation of: school and public joint use policy; school meal program urban land use and mobility design standards; and medical home policy. The target area includes more than 448, 821 African-American Hispanic/Latino residents in the West Adams-Baldwin Hills and South Los Angeles Community Plan Area. Core partners include the Los Angeles Unified School District, the Los Angeles County Department of Public Health, and the University of Southern California. Activities undertaken during this 3-month reporting period were directed towards the review and revision of the project workplan, budget and staff development. CHC staff and core partner's participated in a Reverse Site Visit Meeting with CDC and IFC representatives in Atlanta, Georgia in November. The visit provided an opportunity for the CHC staff and partners to work closely with CDC representatives and Subject Matter Experts to reach mutual understanding of program expectations and various aspects of the project objectives and strategies. A series of bi-weekly calls with CDC representatives, core partners, and IFC representatives regarding the development of the project workplan and other project and strategy-related matters were held over the reporting period. CHC also convened two core partner meetings, occurring on October 24, 2012 and December 11, 2012. Core partners USC, LAUSD, and LADPH were represented at both meetings. The meetings included in-depth discussions of project objectives, potential activities, and opportunities for leverage existing relationships, resources, and interventions. In addition, CHC staff held weekly internal meetings to develop and revise the project workplan and subsequently submitted updated drafts to the CDC for review and comment. CHC staff worked closely with core partners to develop individual partner workplans, key activities, scopes of work, contracts, and budgets. CHC staff submitted revisions of the project budget on November 30, 2012 to the CDC for review and approval. CHC also worked to establish infrastructure-related components for implementing the REACH Project, including recruitment and hiring of key staff including the hiring of a full-time Project Manager. The program staff has completed an initial scan of evidence-based clinical protocol for hypertension and obesity for the target population as well as a preliminary review of relevant policies and profile of the target schools.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern California
2. Subaward Date:	09/29/2012
3. Subaward Number:	1U58DP004732-01
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Subcontractor Agreement not executed during the reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Los Angeles Unified School District
2. Subaward Date:	09/29/2012
3. Subaward Number:	1U58DP004732-01
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Subcontractor Agreement not executed during the reporting period.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Los Angeles Department of Public Health
2. Subaward Date:	09/29/2012
3. Subaward Number:	1U58DP004732-01
4. PPHF Funding Amount:	\$0.00
5. Subaward Purpose:	Subcontractor Agreement not executed during the reporting period.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	REACH: Racial and Ethnic Approaches to Community Health
4. Recipient Name:	YMCA of the USA
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$3,998,179.00
8. Award Number:	1U58DP004763-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.738
11. Summary of Activities:	<p>In October 2012, Y-USA announced via press release the Racial and Ethnic Approaches to Community Health cooperative agreement to improve health and eliminate disparities related to chronic disease in racial and ethnic groups across the country. Y-USA will work with 15 Ys and their communities in areas of the country with the highest burden of disease and with a particular emphasis in the Black/African-American and Hispanic/Latino populations. The selected communities reflect populations of under 500,000 and have an established relationship with a geographic area that is at least 50% African American/Black or 50% Hispanic/Latino or 50% combined African American/Black and Hispanic/Latino. Y-USA staff, including senior leaders recruited Ys to apply with particular emphasis in communities that were not currently receiving CDC funding and were exhibiting substantial disparities. The request for applications opened November 24th and closed December 28th. Over 50 applications were received. A team of reviewers from Y-USA and local YMCAs will assess the need, capacity, readiness, Y leadership, coalition, coalition leadership, cultural relevancy, and strategies to determine which communities will lead this effort. Each community will be required to maintain a Community Leadership Team comprised of various stakeholders, community members, and Y staff. They will conduct needed community assessments including a policy scan to create a Community Action Plan, communications plan and evaluation plan focused on specific strategies related to health equity to improve the health of African American/Black or Hispanic/Latino communities and subsequently the entire region served. Y-USA plans to train and prepare the community leaders through a coaches meeting in March and a conference slated for spring 2013. The Y-USA staff structure for REACH includes leadership from Terrence Roche, Senior Director for Organizational and Community Change; Project Management from Freddie Brown and technical assistance from Shannon Cosgrove (Health Equity), Kenitra Robinson (Health Equity), Suzi Montasar (Diabetes), Tequilla Lopez (Diversity and Inclusion), and Erin Weil (Administration). The team meets weekly to coordinate efforts. Lessons from other Y-USA Health Equity initiatives are being documented to integrate the learnings into the trainings of the REACH cohorts.</p> <p>Several other national organizations will work with Y-USA to achieve the goals of the cooperative agreement. Partners include the American Psychological Association, National Association for the Advancement of Colored People and National Council of La Raza/California State University at Long Beach Center for Latino Community Health, Evaluation and Leadership Training. The Y-USA team is also meeting with the REACH national networks monthly as well as the CTG team. The intention is to leverage existing partnerships, collaborations and plans as well as create a learning community to help advance the movement.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	REACH: Racial and Ethnic Approaches to Community Health
3. Award Title:	Community Health and Health Services Program Evaluation
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$185,883.28
8. Award Number:	200-2009-28537-0030-00010
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Community Health and Program Services Branch coordinates the national and program-wide evaluation for the Racial and Ethnic Approaches to Community Health across the United States (REACH U.S.) Program. Evaluation of the REACH U.S. program is ongoing and necessary to document the effectiveness of local and community-based strategies designed to reduce health disparities in racial/ethnic populations. This task order calls for CCI staff to: assist CHAPS programs with the development and implementation of national evaluation designs and methods; provide evaluation technical assistance to grantees developing and implementing community-based interventions addressing health disparities; conduct evaluation and applied health disparities research; conduct quantitative and qualitative data analyses; assist with prioritizing oral presentations and scientific manuscript/peer-reviewed publications; conduct periodic reviews and provide technical support to the Community Health Resources website and contribute technical support to health disparities workgroups associated with CHAPS programs. CCI staff have: collaborated with participants of the REACH U.S. Evaluation Workgroup; offered technical assistance to REACH grantees via the internet, webinars and teleconferences; conducted literature reviews on specific topics related to REACH Risk Factor Survey data and racial and ethnic disparities; conducted evaluation research on CHAPS national programs addressing health disparities in racial/ethnic populations and conducted analyses of REACH 2010 Risk Factor Survey data for research purposes; analyzed and ensured quality of REACH U.S. Risk Factor Survey data. Additionally, CCI staff have assisted Reach grantees with ad hoc requests for prevalence data analysis from individual or aggregated grantee communities; conducted analysis of REACH grantees interim and annual progress report data; interpreted and presented data and information in a usable and understandable format; prepared and submitted a minimum of 2 oral presentations and 2 scientific manuscripts/peer-reviewed publications; conducted technical reviews of program examples and health disparities data posted on the CHR website; collaborated and contributed with CHAPS Health Disparities Entity Workgroup. Finally, CCI staff have collaborated and contributed to the Social Determinants of Health.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Research Participants
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$91,601.00
8. Award Number:	09FED907798
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The ORISE fellow completed activities in the following areas: created strategy and developed materials for the Talk With Your Doctor portions of the second National Tobacco Education Campaign; Reviewed and planned strategy for updating the Interactive Voice Response System for the national quitline portal number 1-800 QUIT NOW; Conducted analyses, drafted, cleared and submitted to a scientific journal an article focused on differences in smoking behaviors and cessation practices among nondaily smokers (a growing segment of smokers in the United States). An abstract on these results was accepted for presentation at the Society for Research on Nicotine and Tobacco's annual meeting; Conducted analyses, drafted, and cleared an article on national and state-specific data from the National Adult Tobacco Survey 2009-2010 on quitline awareness and quitline use in the United States. These findings were presented at the annual North American Quitline Consortium conference in Kansas City, MO. Developed the analysis strategy for a paper on cessation patterns among persons living with COPD in the United States and a paper on how youth quit in the United States; Developed a fact sheet on electronic health records and meaningful use requirements regarding the identification and treatment of tobacco users in clinical settings for state health departments; and Developed and conducted onsite cessation training for orthopedic physicians.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Expansion of Resources, Awareness, and Utilization of NCI's Quitline Services P7-78-0
4. Recipient Name:	National Institutes of Health/National Cancer Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,320,301.00
8. Award Number:	12FED1203082
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	The National Cancer Institute conducted planning meetings with CDC, quitline service providers, and tobacco control programs in state health departments to prepare state quitlines for the launch of the second annual National Tobacco Education Campaign (Tips 2). NCI has worked with Verizon to develop a new Spanish Language portal which would link callers to Spanish language services at state health departments for cessation services to be implemented with Tips 2. These efforts included obtaining a new toll free number, 855 DEJELO YA (855-335-3569). This number has been obtained and it has been tested with all the state quitline termination numbers with only minor adjustments needed to existing infrastructure. The NCI Smokefree.gov Team has continued to support and expand the SmokefreeTXT program which now includes programs targeting three specific audiences: Young Adults, Teens and Spanish-speaking smokers. Within the reporting period, promotional campaigns have been developed and launched, all three libraries have been updated and additional libraries are under development to engage additional target audiences. NCI has also participated in regular calls related to both the analysis of TIPS 1 evaluation data from CDC's first annual National Tobacco Education Campaign and plans for the launch of the TIPS 2 campaign. In addition, NCI has collaborated with CDC on the development of promotional materials to support TIPS 2's "Talk to Your Doctor" sub-campaign.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Fred Hutchinson Cancer Research Center
2. Subaward Date:	09/20/2012
3. Subaward Number:	12FED1203082
4. PPHF Funding Amount:	\$1,331,401.00
5. Subaward Purpose:	Fred Hutchinson Cancer Research Center (FHCRC) is contracted to the National Cancer Institute to provide back-up counseling services (one call of approximately 20 minutes) for selected quitline callers during the second National Tobacco Education Campaign (TIPS 2). In anticipation of the start of the Tips 2 campaign, FHCRC hired 11 tobacco cessation specialists and 2 supervisors. These new staff members began training in December 3 and will be ready to begin taking overflow calls from state quitlines when Tips 2 is launched.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MMG
2. Subaward Date:	09/20/2012
3. Subaward Number:	12FED1203082
4. PPHF Funding Amount:	\$988,900.00
5. Subaward Purpose:	MMG worked on supporting and managing the SmokefreeTXT program as part of Smokfree.gov. This included both the English and Spanish versions of the text messaging programs. They also further developed and refined the three message libraries that support the text messaging programs.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Health Research, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,218,726.00
8. Award Number:	1U58DP004009-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>Funds are being utilized to promote tobacco use cessation through statewide media that builds on and extends the National Tobacco Education Campaign (National Campaign) in NY. The campaign is designed to motivate smokers to make quit attempts and call the New York State Smokers' Quitline (NYSSQL) where they receive high quality cessation interventions. The NY Tobacco Control Program (TCP) has already allocated substantial state resources to expand quitline service delivery, strengthen quitline partnerships, and strengthen core quitline technologies and data systems. As NY already has the quitline capacity to handle additional call volume associated with the National Campaign and recent budget reductions reduced the program's ability to run significant amounts of media, these funds are designated to support and extend the National Campaign with statewide media buys to be aired at times that will extend the impact of the National Campaign. Between July and December, 2012, the following was accomplished: 1) A subcontract was awarded on 10/15/12 to Roswell Park Cancer Institute (RPCI) to air the media campaign. RPCI is the contractor that operates and maintains the NYSSQL and will manage the media dollars for this award. 2) A media flight plan was developed in consultation with the department's internal health marketing and communications bureau, RPCI and TCP staff. 3) A campaign brief was developed by TCP staff to engage tobacco control contractors and other stakeholders in the campaign and to expand the campaign's reach through earned media.</p> <p>The campaign was originally planned to air for 8-12 weeks, September through November 2012 however due to delays in processing RPCI's subcontract, the contract was not put in place until 10/15/2012, forcing a delay of the media campaign. Due to the national election and holiday season, it was decided to push the campaign back to January. The first ads for this campaign are scheduled to begin on 1/1/13 and will run through March 2013. This timing coincides well with increased interest in cessation around the New Year and that it will continue to augment the potential second round of the National Tobacco Campaign. The flight plan and campaign briefs were completed during this reporting period.</p> <p>The flight plan is: The demographic target is adults, 25 to 54 years of age. The campaign will be concentrated in upstate NY in the DMAs of Albany, Binghamton, Buffalo, Elmira, Plattsburgh, Rochester, Syracuse, Utica and Watertown. The campaign is divided into three sections for each of January, February and March. GRPs for each section are 850 for January, 700 for February, and 800 for March. The creative for the January component includes two ads from last year's National "Tips from Former Smokers" Campaign, "Anthem" and "Terrie." These ads have tested very well in previous media evaluation conducted by our independent evaluator, RTI, International. Ads for the February and March campaigns are still being considered.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Roswell Park Cancer Institute
2. Subaward Date:	10/15/2012
3. Subaward Number:	1U58DP004009-01
4. PPHF Funding Amount:	\$1,102,025.00
5. Subaward Purpose:	<p>A subcontract in the amount of \$1,102,025 was awarded on October 15, 2012 to Roswell Park Cancer Institute to air the media campaign associated with this agreement. RPCI is the contractor that operates and maintains the New York State Smokers' Quitline and they will manage the media dollars for this award. RPCI has extensive experience with tobacco-related media campaigns and other tobacco control interventions.</p> <p>The campaign was originally planned to air for eight to 12 weeks in September through November 2012 however the subcontract for RPCI took longer to execute than anticipated forcing delay of the media campaign. In consultation between RPCI and DOH media staff, it was decided to push the campaign back to January because of the national election and the holiday season. The first ads for this campaign are now scheduled to begin airing on January 1, 2013 and will run through March 2013. It is expected that this timing coincides well with increased interest in cessation around the time of the New Year and that it will continue to augment the potential upcoming second round of the National Tobacco Campaign. The flight plan and campaign briefs were completed during this reporting period.</p> <p>The flight plan is as follows: The demographic target for this campaign is adults, 25 to 54 years of age. Geographically, the campaign will be concentrated in upstate New York in the DMAs of Albany, Binghamton, Buffalo, Elmira, Plattsburgh, Rochester, Syracuse, Utica and Watertown. The campaign is divided into three sections for each of January, February and March. GRPs for each section are 850 for January, 700 for February, and 800 for March. The creative for the January component includes two ads from last year's National "Tips from Former Smokers" Campaign, "Anthem" and "Terrie." These two ads have tested very well in previous media evaluation conducted by our independent evaluator, RTI, International. Ads for the February and March campaigns are still being considered.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Alabama State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$418,754.00
8. Award Number:	1U58DP004010-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The Program contracted with its quitline vendor, Information and Quality Healthcare, to provide services for the full amount of the grant, \$418,754.00. The grant will provide tobacco cessation services that include counseling, nicotine replacement therapy patches, support materials, and/or referral information designed to assist tobacco users based on their readiness to quit. The grant period is August 1, 2012 through July 31, 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Mississippi Foundation for Medical Care Inc., DBA Information and Quality Healthcare
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004010-01
4. PPHF Funding Amount:	\$418,754.00
5. Subaward Purpose:	<p>IQH has expanded capacity to ensure staffing and technology is in place to maintain quitline services for the residents of Alabama during the CDC national media campaign. An additional counselor and a Quit Plan Specialist have been hired, with plans to hire another Quit Plan Specialist. A replacement telephone system was installed in November. The ShoreTel VoIP system will integrate voice and data to provide more flexible call center capabilities. Enhancements provided in the new system will:</p> <ul style="list-style-type: none"> • Allow staff to provide services offsite in order to provide coverage for weekend hours, holidays, or after office hours. • Allow the system to search the caller's information from the database and route the caller to the appropriate counselor. • Allow counselors to "click" phone numbers from the database application to make outgoing calls. • Forward calls from a cell phone or other external phone. • Provide options for instant messaging, video and email capabilities that can be added for future use. <p>Training is ongoing and IT staff is working with the equipment vendor to solve any issues that arise while configuring the system to meet the needs of the quitline. Staff is redesigning the quitline database to better align with the new system. Plans for the next reporting period include the purchase of additional computer equipment and an updated file server.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$196,083.00
8. Award Number:	1U58DP004011-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	These dollars were used to ensure our Quitline Iowa had capacity to provide services to Iowans that wanted to quit. It was used to plan for sustainability, add services and to provide evaluation of the Quitline Iowa services provided.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing Inc.
2. Subaward Date:	July 1, 2012- June 30, 2013
3. Subaward Number:	1U58DP004011-01
4. PPHF Funding Amount:	\$144,583.00
5. Subaward Purpose:	Provide a statewide, telephone-based tobacco use cessation helpline to assist tobacco users in quitting. As appropriate to each individual's readiness to quit, Alere will provide screening, assessment, proactive (counselor-initiated) follow-up counseling, support materials and/or referrals to the community-based cessation programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Northern Iowa
2. Subaward Date:	July 1, 2012- June 30, 2013
3. Subaward Number:	1U58DP004011-01
4. PPHF Funding Amount:	\$51,500.00
5. Subaward Purpose:	Tobacco Cessation Services Evaluation – Evaluate Quitline Iowa cessation services. Evaluation data to be collected and analyzed will include the Minimum Data Set as required by the Centers for Disease Control and follow-up with a sample of Quitline Iowa clients at 7 and 13 months post-counseling.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Ohio Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,038,629.00
8. Award Number:	1U58DP004012-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Funding was awarded to ensure quitline capacity. The Ohio Department of Health (ODH) planned for all activities to be completed with the use of contracts/subawards. National Jewish Health, ODH's quitline provider, has been working toward implementation of a pregnancy protocol for pregnant callers which will be in place no later than February, 2013. The media and evaluation pieces, which were proposed in the original CDC program application, have been delayed until the second half of the funding year due to delays in contact approval and staff turnover at ODH. Finally, the contract to establish relationships with local health plans to ensure tobacco cessation benefits are offered has not yet been awarded.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	National Jewish Health
2. Subaward Date:	09/07/2012
3. Subaward Number:	1U58DP004012-01
4. PPHF Funding Amount:	\$798,079.00
5. Subaward Purpose:	Funds were used to implement text messaging feature (\$1,600.00) to Ohio Tobacco Quitline offerings and for nicotine replacement therapy (253 units/\$9,051.00) for eligible callers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Midwest Communications
2. Subaward Date:	10/21/2011
3. Subaward Number:	1U58DP004012-01
4. PPHF Funding Amount:	\$151,050.00
5. Subaward Purpose:	Funds were not used during reporting period for this subaward recipient. A concentrated effort is planned for the beginning of 2013 and through the spring and early summer.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Strategic Resource Group (SRG)
2. Subaward Date:	11/12/2012
3. Subaward Number:	1U58DP004012-01
4. PPHF Funding Amount:	\$48,900.00
5. Subaward Purpose:	Funds were not used during reporting period. Funds have been budgeted for evaluation of Ohio Tobacco Quitline. ODH has used SRG for other evaluation projects and have been pleased with their reporting ability. As of 1/2/2013, CDC approval for contractor had not yet been received. Request for approval was submitted 11/12/2012.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TBD
2. Subaward Date:	TBD
3. Subaward Number:	1U58DP004012-01
4. PPHF Funding Amount:	\$40,600.00
5. Subaward Purpose:	Funds were not used during the reporting period. Fund has been budgeted for a consultant to work with Ohio health plans to determine tobacco cessation benefits and also encourage membership in the Ohio Tobacco Collaborative. Work accomplished in this area during reporting period has involved screening of candidates for this position and internal identification of work to be accomplished.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Pennsylvania Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$957,231.00
8. Award Number:	1U58DP004013-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	During the reporting period, the Pennsylvania Department of Health developed and submitted for approval the fiscal documents which will subaward 100% of the PPHF Funding Amount to National Jewish Health. National Jewish Health will utilize funding from this award to address the anticipated increase in calls resulting from upcoming federal initiatives and expand the Fax to Quit Program, the PA Free Quitline's comprehensive fax referral system. Since the subaward was not executed as of December 31, 2012, no activities are reported for the reporting period of August 1, 2012 thru December 31, 2012.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Kentucky Cabinet for Health and Family Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$431,176.00
8. Award Number:	1U58DP004014-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Kentucky Tobacco Prevention and Cessation Program is using PPHF funding to increase Quit Now Kentucky's capacity to reach adult tobacco users and promote successful cessation attempts. There are four focus areas: (1) incorporating text messaging as an integrated component within our existing telephone and web-based services, (2) streamlining referrals through an electronic fax referral form, (3) providing two weeks of NRT to uninsured Quit Now Kentucky participants aged 18 to 34 years old, and (4) maximizing awareness of cessation services and motivating behavior change through a statewide media campaign.</p> <p>Progress has been made in each focus area. A full page color print ad of the "Tips from Former Smokers—Roosevelt's Heart Ad" was placed in the University of Louisville basketball program with an estimated reach of 91,693 people; PPHF grant funds were matched with state funds to expand this into Eastern Kentucky University and Murray State University basketball programs to reach a further 21,833 people. Extensive planning for a statewide media campaign utilizing select "Tips" ads was undertaken, and a Request for Quote (RFQ) was issued for campaign implementation. The project was awarded on December 21, 2012, and will begin January 14, 2013. It will include statewide TV and radio placement of "Tips" ads, as well as two Kentucky News Network audio news releases and a series of five Facebook banner ads to publicize Quit Now Kentucky and the new availability of text messaging as well as NRT for uninsured 18-34 year olds. In addition, a new Quit Now Kentucky brochure and durable pocket referral card were created and have already been provided to 82 referral sources for local distribution, including local health departments, medical providers, and National Guard posts.</p> <p>A Kentucky Tobacco Program cessation services RFP was issued on November 1, 2012, that includes integration of text messaging into Kentucky's telephone and web-based services, implementation of electronic fax referrals, and two weeks' provision of NRT to uninsured Quit Now Kentucky participants aged 18-34. The contract was awarded on January 1, 2013, and these services are currently being launched—the implementation of text messaging, e-referrals, and NRT provision will be included in the July 2013 report, as it falls outside the current performance period for this report.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Doe-Anderson
2. Subaward Date:	12/21/2012
3. Subaward Number:	1U58DP004014-01
4. PPHF Funding Amount:	\$330,000.00
5. Subaward Purpose:	<p>On November 9, 2012, the Kentucky Tobacco Program issued a competitive "Request for Quote". On December 21, 2012, the project was awarded to Doe-Anderson to implement a statewide media campaign utilizing TV and radio ads from the CDC's "Tips from Former Smokers" campaign. The project also includes two Kentucky News Network audio news releases and a series of five Facebook banner ads to publicize Quit Now Kentucky cessation services, including the launch of text messaging and the availability of two weeks of NRT to uninsured quitline participants aged 18-34. The project's goal mirrors that of the CDC's "Tips" campaign-- not merely to raise awareness but to motivate actual behavior change: speaking with someone about their smoking behavior or the dangers of secondhand smoke, contemplating change in their own personal smoking behavior, calling 1-800-QUIT-NOW for tobacco cessation counseling, and quitting smoking. The TV and radio ads will air January 14, 2013, through March 31, 2013, and are projected to achieve 65 million total impressions among adults age 18-54.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Arkansas Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$264,440.00
8. Award Number:	1U58DP004016-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	[A contract agreement was established with Alere Wellbeing, Inc. (AWI) to expand the Systems Training and Outreach Program (STOP) into the Northwest and Southwest regions of the state. In Arkansas, all contracts are required to be reviewed and approved by the Arkansas Legislative Council and the Department of Finance and Administration. Legislative Council approval was received on October 4, 2012 and was forwarded to the Department of Finance and Administration for the contract to be implemented by November 1, 2012. Alere Wellbeing, Inc. proceeded with executing the deliverables outlined in the contract by recruiting, hiring and training two outreach specialists.]

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	11/1/2012
3. Subaward Number:	1U58DP004016-01
4. PPHF Funding Amount:	\$244,000.00
5. Subaward Purpose:	<p>[Alere recruited and hired two qualified individuals as outreach specialists. The two positions were hired at 80 percent of full-time equivalency. A brief biography of their work experience and education is included.</p> <p>Debbie Staton Debbie holds a Master of Science with an emphasis in Nutrition from University of Central Arkansas. She has well-established working relationships with a variety of medical providers in hospitals and other clinic settings. Debbie is experienced in assessing patients' tobacco use, making referrals to cessation resources, and developing individual care plans.</p> <p>Barbara Lewis Barbara holds a Master of Science degree in Counseling from Henderson State University, Arkadelphia, and is a Certified Rehabilitation Counselor. She brings extensive experience in vocational rehabilitation case management, administration, teaching, training and curriculum development. Barbara directed a staff of approximately 260 people and served senior management teams. She provided oversight and direction to managers, rehabilitation counselors, and medical staff and implemented strategies to improve service delivery and program management.</p> <p>Outreach specialists must undergo three phases of training. On November 19, the outreach specialists are engaged in Phase 1 of the training that included remote, online training. Post-study activity work-sheets are submitted to the AWI program manager. The specialists were provided with a laptop computer, Smartphone, the STOP Training and the Systems Change training manuals. Online Self-Study modules are listed below.</p> <ul style="list-style-type: none"> • L. Tobacco Control • L. Tobacco Knowledge • L. Health Systems • L. Outreach Program Services • Systems Change and the Chronic Care Model • Initial and Ongoing Provider Contact • Preparing to Consult • Doing the Work • Follow-up Activities • The Customer Relationship Management (CRM) System • Field Work Preparation <p>Phase 2 included an intensive 5-day classroom training which began on November 27, 2012. The following is the list of the topics covered in the training.</p> <ul style="list-style-type: none"> • Tobacco Control

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Georgia Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$664,179.00
8. Award Number:	1U58DP004017-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	During this reporting period, activities centered on enhancing the Georgia Tobacco Quitline's capacity to support the provision of nicotine replacement therapy (NRT) to all uninsured residents of Georgia statewide. Participates receiving NRT are also enrolled in the multiple-call program. For women who are pregnant or breastfeeding, medical clearance is required before nicotine replacement therapy will be dispensed. The NRT expansion was launched in conjunction with the 2013 Great American Smokeout. A press released was developed which was shared with all local public health districts, along with additional quitline promotion materials. In the first two weeks, more than 111 callers were enrolled in the Nicotine replacement therapy intervention. By the end of December, 209 additional tobacco users were enrolled in the program. Since the launch, 320 tobacco users are now receiving a four week supply of NRT in the form of gum or patch and are enrolled in the multiple call program.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere, Inc.
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004017-01
4. PPHF Funding Amount:	\$648,150.00
5. Subaward Purpose:	Funds will be used to provide tobacco cessation services, including limited nicotine replacement support to uninsured Georgia residents who use tobacco products.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Indiana State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$541,840.00
8. Award Number:	1U58DP004018-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Indiana Tobacco Quitline (ITQL) through Indiana State Department of Health Tobacco Prevention and Cessation Commission (ISDH-TPC) will provide more opportunities for tobacco users to quit including 1) a text messaging component offered to callers enrolling in quitline services; 2) an option for tobacco users access to a standalone web-based tool for quitting; 3) a quitline program for youth tobacco users; 4) media to promote these new services that complements Indiana's current cessation campaign; and 5) assist health care systems and the electronic health record vendors to implement the ITQL fax referral form. Many Hoosiers will be seeking services for quitting when Indiana's state smoke free air law takes effect July 1, 2012. These technological options will provide Hoosiers more ways to quit. During this reporting period the scopes of work for two contracts have been finalized and contracts executed. However, no work has been completed at this time. One contractor is a current vendor; therefore, work will begin quickly in January.</p> <p>Asher Advertising (\$150,000) is the State of Indiana's contractual media buyer. This work will go to promotion of services offered through the Indiana Tobacco Quitline. Paid advertising will include a mix of broadcast, print, and online advertising with an integrated online component to support paid placement. No paid media has been purchased during the reporting period.</p> <p>HCE (\$69,975) will work at the identified health care practice site and determine both the feasibility and the best method to integrate the Tobacco Quitline electronic Referral Form. HCE will work with the electronic health record vendor to support and produce documentation to evaluate the software workflow and data structure to determine both the feasibility and the best method for Form Creation. HCE will develop the referral form in the test environment and conduct final user testing and training. HCE will document the process for the purpose of extending the solution to additional practices using the same EHR system. The contract has been executed during this reporting period and work will begin in January.</p> <p>Alere Wellbeing (\$321,840) is currently providing telephonic quitline services for the Indiana Tobacco Quitline. This grant will allow the ITQL to implement a text2quit program offering for those enrolling the Indiana Tobacco Quitline; provide a web coach only option for those calling the ITQL seeking to quit; implementation of a youth program; an evaluation of the text2quit program; and promotion of these new service offerings, as well as a postcard mailing to Medicaid members. No work or spending has occurred during the reporting period. Services will launch in January.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Maryland State Department of Health and Mental Hygiene
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$352,932.00
8. Award Number:	1U58DP004019-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The Maryland Tobacco Quitline (QL) was established in 2006 and provides free proactive and reactive tobacco cessation counseling, along with Nicotine Replacement Therapy (NRT) to Marylanders. The Center for Tobacco Prevention and Control (CTPC) is utilizing PPHF funding to support and expand the operations of QL services and enhance media efforts. These funds will allow CTPC to continue to provide quality QL services to an additional 1,996 residents, and help reach the national performance goal of reducing death and disability due to tobacco use by 5%. On 12/01/12, CTPC awarded a contract to Alere Wellbeing, Inc. to continue to provide QL services. CTPC will select contractors by February 2013 that will enhance paid and earned media building on the National Tobacco Education Media Campaign.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	12/01/2012
3. Subaward Number:	1U58DP004019-01
4. PPHF Funding Amount:	\$310,451.00
5. Subaward Purpose:	On 12/01/12, The Center for Tobacco Prevention and Control (CTPC) awarded a contract to Alere Wellbeing, Inc. to continue to provide phone counseling and NRT, as well as the following key enhancements— counselors available 24/7; services provided to teens (formerly only 18 years and older); intensive pregnancy support program; Web Coach®(https://www.quitnow.net/maryland), web support with NRT and Text2Quit®, text support. These funds will allow CTPC to continue to provide quality QL services to an additional 1,996 residents, and help reach the national performance goal of reducing death and disability due to tobacco use by 5%. By June 2013, 1,996 residents will receive cessation services through the QL. Success will continue to be measured by increased call volume. Through June 2014, CTPC will continue to provide all required data to the National QL Data Warehouse, and participate in all required evaluation activities.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Guam Department of Public Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$50,000.00
8. Award Number:	1U58DP004020-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Award used to promote the Tobacco Free Guam Quitline through media airtime on television and radio as well as in theaters and print. Media promotion includes development of localized commercials on negative effects from smoking / using tobacco, exposure to secondhand smoke, recognition of businesses who set examples with regards to the clean indoor air act and tips from local former smokers.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Vermont Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$50,000.00
8. Award Number:	1U58DP004021-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	In order to augment our statewide media buy, the Vermont TCP will use emotionally laden ads that depict the negative health consequences related to smoking as such messages are shown by the scientific literature to be linked with significant increases in call volume to quitlines. We will work with our media contractor Rescue Social Change Group to identify most appropriate and effective ads to broadcast, including the newly produced CDC Tips from Former Smokers 2 campaign. Target audience for the buy will be adults of low SES 25-40 (primary) with a secondary audience of young adults 18-24, based upon data showing highest prevalence of tobacco use. The TV campaign will be enhanced with digital media buys.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Rescue Social Change Group
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004021-01
4. PPHF Funding Amount:	\$50,000.00
5. Subaward Purpose:	Award will fund activities that will enhance our media plan. The funds requested through this proposal will supplement Vermont's existing media budget to assure significant reach of the messages during the flight of our cessation media campaign.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Louisiana State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$395,273.00
8. Award Number:	1U58DP004022-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Louisiana (LA) Tobacco Quitline (QL) is a major initiative in the effort to provide Louisiana residents with tobacco counseling services and an avenue to assist with quit attempts. The CDC's Tips from Former Smokers National Campaign, which ran from March 2012 through May 2012, increased call volume by 250% for the QL callers in LA. After the first two weeks of the CDC media campaign, it was necessary to reduce standard service to the QL, which offers a multi-call program (5 calls) to the low socioeconomic, youth, uninsured, state employee, and Medicaid populations, to one initial intake call. Prior to this national campaign, state media campaigns only produced limited increases in call volume.</p> <p>As a result, the QL required financial assistance, in order to maintain and improve the services provided to the residents of LA. The LA Tobacco Control Program (LTCP) applied for the PPHF State Public Health Approaches for Ensuring Quitline Capacity funds to do the following: 1) sustain the QL to accommodate the increase in call volume, 2) offer Nicotine Replacement Therapies in two week doses, 3) incorporate pilot File Transfer Protocol (FTP) process within one hospital system for a new proposed program "e-quit", and 4) offer an online-only program via the QL vendor, Alere.</p> <p>During the reporting period, the Louisiana Tobacco Control Program (LTCP) moved forward first, to reinstate regular services to the QL. Uninsured, youth aged 13-17, state employees, and Medicaid enrollees are eligible for up to five calls. As of the end of this reporting period, the QL has provided tobacco cessation services to 2,763 callers, of which 1,530 registered and requested intervention.</p> <p>Louisiana launched its NRT Promotion in August 2012 to offer eligible callers, who registered for the multi-call program (5 calls) nicotine replacement therapy through the selection of gum or patch. Those eligible are from the low socioeconomic, uninsured, state employees, Medicaid, and postpartum populations. Instead of the two-week option for NRT, a four-week option has been offered to callers to increase their chances of a successful quit attempt. Callers are eligible for one, four-week dose per 12-month period. During this reporting, 449 eligible callers received NRT.</p> <p>LTCP continues to work on implementing an "e-quit" program. However, the Birth Outcome's program within the Department of Health and Hospitals has developed an e-referral system for OB/GYN providers. These providers will be able to refer their patients to the QL, in which the patient would receive a proactive call from the QL to set up their counseling sessions. Louisiana will continue, through these efforts, to focus on maximizing opportunities to increase quit rates and assist with quit attempts among current tobacco users in the state.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Louisiana Public Health Institute- The Louisiana Campaign for a Tobacco-Free Living (TFL)
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004022-01
4. PPHF Funding Amount:	\$343,715.65
5. Subaward Purpose:	<p>The Louisiana Campaign for a Tobacco-Free Living (TFL) is an affiliate of the Louisiana Public Health Institute and is a statewide tobacco control program. TFL provides coordination of existing tobacco control initiatives with a population-level focus that promotes collaborative leadership. TFL is funded by the state excise tax. LTCP and TFL have had a formal programmatic alignment since 2007. This unique partnership has developed a mutual understanding of how to work together to achieve a healthier, 100% tobacco-free Louisiana. As a result, The Tobacco Technical Assistance Consortium (TTAC) highlighted LTCP and TFL in their TTAC Newsletter-September 2012, TTAC and partners celebrate six years of successful collaboration in Louisiana:</p> <p>"The alignment process was just the first step toward establishing a formal relationship between LTCP and TFL. The collaboration has thrived with ongoing support from TTAC to help the organizations maintain a common set of priorities, coordinate staffing, share funds, create a unified brand for tobacco cessation, share responsibility for the success of local programs, and celebrate victories as one team. The two organizations are able to "do more with less" by recognizing each other's strengths and limitations and continuing a dialogue to ensure that each organization's efforts are unique, yet complementary."</p> <p>The Louisiana Tobacco Quitline is co-funded by TCP and TFL. The fiscal management of this grant funding is managed through the state's fiscal management system, Advantage Financial System. However, the contract with Alere Wellbeing, Louisiana's QL vendor, is housed with TFL. Through this arrangement, TFL is able to operate seamlessly and effectively regarding invoices from and payments to Alere Wellbeing for services provided via the QL. LTCP initiates the transfer of these funds to TFL according to state guidelines and contract policies mandated by the Louisiana Division of Administration.</p> <p>The Tobacco Control Program's goal for utilizing this contractor is to integrate resources and funding with Louisiana Public Health Institute (LPHI)/ The Louisiana Campaign for Tobacco-Free Living (TFL) to provide Louisiana residents with services for utilizing the Quitline. This contract also assists us in integrating funding to support the Louisiana Tobacco Quitline.</p> <p>For this reporting period, TFL has managed the monthly invoices received from Alere Wellbeing successfully and submitted payments for all QL services timely. TFL is required to submit a monthly report detailing activities performed in regards to accomplishment of deliverables. Contract monitoring is in place to ensure performance measures are fulfilled. The budget allocation is for Quitline Services, NRT and indirect costs associated with LTCP and TFL. During the reporting period, October 1, 2012 – December 2012 TCP has performed according to the terms of their contract with LTCP, three monthly conference calls and one site visit has been conducted.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Nebraska Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$123,400.00
8. Award Number:	1U58DP004023-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Nebraska Department of Health and Human Services, Tobacco Free Nebraska received a \$123,400 award from the State Public Health Approaches for Ensuring Quitline Capacity through the Centers for Disease Control and Prevention in August 2012.</p> <p>These funds were allocated for the Tobacco Free Nebraska Quitline through the quitline vendor contract with Alere Wellbeing, Inc. Funds were allocated to increase Quitline vendor capacity to ensure that there is a live response to all Nebraska Quitline calls. There is ongoing monitoring of the vendor regarding the implementation of the services. Tobacco Free Nebraska has committed to providing coaching (up to 5 sessions) along with resource information to all Nebraskans that call the Nebraska Tobacco Quitline. Callers are referred to appropriate resources to assist them with quitting based on information provided at the time of the Quitline Registration. Callers are also encouraged to use the Web-coach program along with their Quitline coaching to enhance their quitting success. These dollars were also allocated for enhancing the Nebraska Tobacco Quitline by adding two questions to the registration information regarding the mental health status of the caller. These questions were added in August 2012 with the data collection also beginning on the August monthly report.</p> <p>The two questions included the following; "Do you currently have any mental health conditions, such as: (followed by a list of conditions)." The Quitline Registration Specialist reads all answer options aloud and checks all conditions reported by the caller. The second question is asked only if the caller answers "yes" to any of the conditions recited by the Registration Specialist. "Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?" Since August, there have been callers to the Nebraska Tobacco Quitline that have identified multiple mental health issues. These two questions have helped the Quitline Coaches adopt services to better meet the needs of the callers with identified mental health conditions.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	08-01-2012
3. Subaward Number:	1U58DP004023-01
4. PPHF Funding Amount:	\$123,400.00
5. Subaward Purpose:	<p>The Nebraska Department of Health and Human Services, Tobacco Free Nebraska received a \$123,400 award from the State Public Health Approaches for Ensuring Quitline Capacity through the Centers for Disease Control and Prevention in August 2012.</p> <p>These funds were allocated for the Tobacco Free Nebraska Quitline through the quitline vendor contract with Alere Wellbeing, Inc. Funds were allocated to increase Quitline vendor capacity to ensure that there is a live response to all Nebraska Quitline calls. There is ongoing monitoring of the vendor regarding the implementation of the services. Tobacco Free Nebraska has committed to providing coaching (up to 5 sessions) along with resource information to all Nebraskans that call the Nebraska Tobacco Quitline. Callers are referred to appropriate resources to assist them with quitting based on information provided at the time of the Quitline Registration. Callers are also encouraged to use the Web-coach program along with their Quitline coaching to enhance their quitting success. These dollars were also allocated for enhancing the Nebraska Tobacco Quitline by adding two questions to the registration information regarding the mental health status of the caller. These questions were added in August 2012 with the data collection also beginning on the August monthly report.</p> <p>The two questions included the following; "Do you currently have any mental health conditions, such as: (followed by a list of conditions)." The Quitline Registration Specialist reads all answer options aloud and checks all conditions reported by the caller. The second question is asked only if the caller answers "yes" to any of the conditions recited by the Registration Specialist. "Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?" Since August, there have been callers to the Nebraska Tobacco Quitline that have identified multiple mental health issues. These two questions have helped the Quitline Coaches adopt services to better meet the needs of the callers with identified mental health conditions.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	New Hampshire State Department of Health Statistics and Data Management
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$90,876.00
8. Award Number:	1U58DP004024-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	1. The corrected Notice of Award was not sent to the NH DHHS/DPHS/Tobacco Prevention and Control Program until November 2012. 2. Upon receipt the funding was submitted through the appropriate fiscal process. 3. The program anticipates access to the funds in January 2013. 4. The program will release a competitive bid request for proposals in order to garner contractor support to expand activities related to public and private supports for the NH Tobacco Helpline to assure Helpline sustainability.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	North Carolina State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$751,942.00
8. Award Number:	1U58DP004025-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>Award Overall Project Description and Current Activities in First Six Months:</p> <ol style="list-style-type: none"> Funds will be reviewed through a legislative review process and contracts will be written with Alere Wellbeing for quitline services and UNC TPEP for evaluation. <ul style="list-style-type: none"> -North Carolina requires that new grant awards receive approval from the Government Operations Legislative Committee (Gov. Ops) prior to being budgeted. Since Gov. Ops did not meet by December 2012, the budget was approved and budgeted. This caused a 4-month delay in budgeting the award. -North Carolina requested a Redirection on October 31, 2012 to provide additional funding to the University of North Carolina Tobacco Evaluation Program (TPEP) to evaluate the entire Quitline rather than just the services provided by this funding award. Once the redirection is approved, the contracts will be approved and executed. - This contract with Alere Wellbeing will help NC meet the surge in Quitline calls that is expected when Tips II Campaign launches. -Met regarding contracting with UNC TPEP in September. This funding will allow 1% of all NC tobacco users to have access to a quality intervention at QuitlineNC. <ul style="list-style-type: none"> -No activity during this time. Ten percent of funds for NRT will be made available only for uninsured callers, such that by the end of FY13, 2200 uninsured callers per year will receive two weeks of free nicotine patches with a one call coaching program through QuitlineNC. <ul style="list-style-type: none"> -No activity during this time Public-private partnerships with two major health plans including Blue Cross Blue Shield of North Carolina (BCBSNC) and/or major employers with more than 1000 covered lives will be developed to create sustainability of QuitlineNC. <ul style="list-style-type: none"> -Return on Investment Fact Sheet developed on the State Health Plan for State Employees and Teachers contract with QuitlineNC. -State Health Director met with high officials at BCBSNC at end of November. -Second meeting with decision makers at BCBSNC scheduled in January. The TPCB and key partners will develop a plan to sustain QuitlineNC funding to reach at least 2% of tobacco users in NC who want to quit. <ul style="list-style-type: none"> -A summit for creating a statewide tobacco use strategic plan including tobacco cessation, increasing QuitlineNC reach, and sustaining QuitlineNC was held November 7-8, 2012. -Drafting cessation plan with stakeholders scheduled in January.

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Oregon State Health Division
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$234,824.00
8. Award Number:	1U58DP004026-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Within this reporting period, Oregon contracted with Alere Wellbeing, Inc. to provide telephone and web-based cessation counseling services and nicotine replacement therapy to Oregon tobacco users. Oregon contracted with Coates Kokes to coordinate and monitor media buys designed to drive participation in the online cessation counseling program. Between July and December 2012, 3,641 Oregonians contacted the Quit Line or telephonic counseling, 110 of whom identified as Hispanic/Latino, and 832 Oregonians accessed the online program.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	8/1/2012
3. Subaward Number:	126688
4. PPHF Funding Amount:	\$194,852.00
5. Subaward Purpose:	The purpose of the sub-contract with Alere Wellbeing, Inc. is to provide evidence-based tobacco cessation counseling services to Oregon residents. In this reporting period, Alere Wellbeing, Inc. provided Oregon tobacco users with access to the Oregon Tobacco Quit Line and the web-based counseling program in both English and Spanish, and provided eligible callers with access to nicotine replacement therapy. Alere Wellbeing, Inc. also provides Oregon with standard weekly, monthly and quarterly data reports.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Texas State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,513,926.00
8. Award Number:	1U58DP004027-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The Texas Department of State Health Services (DSHS) has contracted out the activities for this funding to Alere Wellbeing, Inc., for cessation services which were implemented on 11/14/2012 and with the University of Texas at Austin (UT) which was executed on 1/8/2013. Both contracts were submitted by tobacco staff for processing at the same time but were processed at different times by the contracts section of DSHS thus resulting in the different dates of execution. The Alere Wellbeing portion of the project will provide telephone cessation counseling and nicotine replacement therapy services to Texans who are uninsured, receiving treatment for substance abuse disorders or are referred by a clinician. This funding added two additional levels of services that will be available to all Texans receiving quitline services – the expansion of the web-coach services to include Spanish language services and the initiation of a telephone texting cessation services. These services began on 12/19/2012. DSHS will receive reporting on these services with the normal monthly reports from Alere beginning in January 2013. The UT portion of the project will continue efforts begun under previous funding to expand telephone cessation services by creating public-private partnerships that will allow commercial insurance providers to either fund the DSHS quitline services provided to their members or accept hot/warm transfers of callers from the DSHS funded quitline operated by Alere to their own insurance company provided telephone cessation services. UT developed an action plan under the previous funding that will be implemented under this funding.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	11/01/2012
3. Subaward Number:	1U58DP004027-01
4. PPHF Funding Amount:	\$1,157,363.00
5. Subaward Purpose:	Contractor will provide telephone quitline services including intake/enrollment, telephone counseling and up to two weeks of nicotine replacement therapy (NRT). The target populations served by this funding are Texas residents age 13 and older who are either uninsured, currently receiving services from a Department of State Health Services (DSHS) substance abuse treatment provider or have been referred by a clinician using a fax referral, on-line referral or electronic medical record referral. These services went into effect on November 14, 2012, and are expected to serve up to 9,500 callers, of which 6,170 will enroll in counseling. Only those who are enrolled in counseling will be eligible to receive NRT. In addition, contractor also initiated additional services on December 19, 2012 that included a text-messaging service and expansion of the on-line web-coach to include Spanish language services. (The English language web-coach is funded by different sources.) The first full month of reporting for services and partial month of date on the new services will be included in the monthly reports received from the contractor which are due to DSHS on the 15th of the month.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Texas at Austin
2. Subaward Date:	10/15/2012
3. Subaward Number:	1U58DP004027-01
4. PPHF Funding Amount:	\$150,000.00
5. Subaward Purpose:	The goal of this project is to diversify funding for cessation services provided to Texas residents by engaging commercial health insurance providers operating in the state to provide coverage for quitline cessation services. This project was begun through a contract with the University of Texas at Austin (UT) using previous Affordable Care Act funds from CDC to develop a plan based on the successful efforts by the Colorado Department of Health to create this type of public-private partnership. UT was given technical assistance in developing the plan by the North American Quitline Consortium. This funding will be used to implement the plan to engage commercial health insurance providers as outlined in the plan that was submitted to DSHS in September 2012. UT will also be maintaining and expanding a consortium of health care providers, academics, community members, public health and subject matter experts to develop a long-term sustainability plan for the quitline cessation services. While the contract began on 10/15/2012 it was not fully executed until 1/8/2013, so some of the initial deliverables due in 2012 will be received in early 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Washington State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$409,256.00
8. Award Number:	1U58DP004032-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Washington State Department of Health contracted with Alere Wellbeing Inc to increase the number of calls and NRT (Nicotine Replacement Therapy) available to the quitline. We also contracted with a public relations firm, GMMB and an Asian/Pacific Islander Community based organization called WAPIFASA/APICAT to promote the quitline and Asian language quitline through earned and paid media campaigns.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing
2. Subaward Date:	09/27/2012
3. Subaward Number:	1U58DP004032-01
4. PPHF Funding Amount:	\$299,946.00
5. Subaward Purpose:	Alere Wellbeing Inc is providing a state phone based quitline to an additional 3840 people with this grant. They enter into an agreement with the California Quitline to provide two weeks of Nicotine Replacement Therapy (NRT) to callers who call the Asian Language Quitline.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Greer, Margolis, Mitchell, Burns, and Associates (GMMB)
2. Subaward Date:	09/24/2012
3. Subaward Number:	1U58DP004032-01
4. PPHF Funding Amount:	\$99,403.00
5. Subaward Purpose:	GMMB will use paid and earned media to promote the quit line now available for all adults in the state. They will also produce quitline promotional materials such as brochures and business cards.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	New Jersey Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$508,958.00
8. Award Number:	1U58DP004033-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>This award, as of August 1, 2012, has given New Jersey Department of Health (NJDOH) and the Office of Tobacco (OTC) the opportunity to ensure that all residents of NJ be provided a consistent toll free telephone tobacco cessation quitline service. This evidence based/ best practice telephone counseling and motivational service includes an assessment of clients seeking tobacco cessation counseling, collection of client information, offers Nicotine Replacement Therapy (NRT) product when appropriate, referral to resources as requested, as well as a 7 month follow up call for use in reconciling each client's status. OTC's goal is to improve its abstinence rate from 25% to 30% by 2014.</p> <p>The OTC Program Coordinator was fully involved in developing a Request for Proposal (RFP) to secure a new vendor for the NJ Quitline. Once the RFP was developed, the Program Coordinator sought approval, advertised it nationally, identified an ad hoc committee to review and evaluate the proposals. Once the vendor was chosen, the Program Coordinator developed and implemented a Quitline Transition Plan from the old vendor to the new vendor so that current participant counseling sessions were completed, referrals were made, phone number for New Jersey was transferred, and all transactions were made seamless. The transfer was successfully completed on September 30, 2012 and Roswell Park Cancer Institute (RPCI) began receiving calls on October 1, 2012.</p> <p>OTC has worked diligently with RPCI to create a quick yet efficient communication system through weekly calls, emails, and monthly reports to plan for the integration of new materials, developing report documents, and marketing "New Vendor" announcements to all tobacco constituents. As a result of the "Team" action planning, OTC and RPCI have completed plans to offer a FDA approved free NRT starter kit for all appropriate smokers. The kit will contain a 2-week supply of nicotine patches to all eligible NJ smokers committed to quit. Roswell Park Cancer Institute (RPCI) is slated to launch the NRT campaign no later than February 11, 2013 and run through March 2013. The intent is to capitalize on the New Year's resolution quitters, neighboring State's media campaigns, and the National CDC TIPS II Campaign.</p> <p>This NRT campaign will serve approximately 4,700 smokers seeking to quit through the NJ Quitline. Once the campaign has launched, RPCI staff will provide weekly reports and participate in weekly conference calls to update OTC on the amount of product distributed as well as the volume of calls. Based on the current trends of the number of clients asking for NRT, OTC/RPCI anticipates the supply of NRT to last approximately six-eight weeks. Roswell Park staff is prepared to work with OTC to analyze progress reports, make recommendations, and refine the NRT distribution criteria as needed.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Roswell Park Cancer Institute
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004033-01
4. PPHF Funding Amount:	\$508,908.00
5. Subaward Purpose:	<p>The purpose the sub-award to sub-recipient, Roswell Park Cancer Institute (RPCI) is to provide capacity for quitline services to all residents of NJ. This consistent, toll-free telephone tobacco cessation quitline provides counseling and motivational services, including assessment of clients seeking tobacco cessation counseling, the collection of client information, the offer of Nicotine Replacement Therapy (NRT) product when appropriate, resource referral and a 7 month follow up call.</p> <p>The sub-recipient contract was executed on October 1, 2012 and RPCI became the sole provider of quitline services for the NJ Quitline. In order to ensure a smooth transition of quitline services, the OTC Program Coordinator developed and implemented a comprehensive Quitline Transition Plan. The plan provided the framework for a successful transition, ensuring that all current participant counseling sessions and referrals were completed, and that transfer of the 1-866-NJSTOPS quitline number for New Jersey was seamless. All segments of the transfer were successfully completed. During the remainder of this project period, OTC and RPCI worked diligently to create an efficient communication system through weekly calls, emails, and monthly reports. Plans for the integration of new materials and related reporting documentation were developed. In addition, OTC and RPCI completed plans to offer a free FDA-approved NRT starter kit for eligible smokers. The NRT program will launch no later than February 11, 2013 and run through March 2013.</p> <p>It is projected that for the first 3 months of this project period, the sub-recipient, RPCI, will submit a total expenditure of \$61,422.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Puerto Rico Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$175,726.00
8. Award Number:	1U58DP004034-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The objectives under this proposed project include:</p> <ul style="list-style-type: none"> • Increase in the amount of calls received to the Puerto Rico Quitline (PRQ). • Increase in the amount of callers who received some form of assistance versus calls received. • Increase of PRQ participants registered through Fax-to-Quit referrals (from health professionals and web based portals). • Increase frequency and reach of paid and earned media (Gross Rating Points and Targeted Rating Points). <p>During this period (August 2012 – December 2012): Two 0.5 FTE's have been hired under this grant. They include a Social Media Manager and a Biostatistician. The Social Media Manager will provide continuation of the social media strategies to increase participation to the PRQ of those in the 18-34 age groups. This initiative was started with ACA funds which ended in September 2012. The Biostatistician will provide necessary reporting information to be referred to the National Quitline Data Warehouse. Each of these FTE's professional service contracts does not exceed \$25,000.00. An additional contract with the current PRQ provider, TeleMedik, was completed during this period (December 17, 2012). This contract is for \$43,000.00. More information for this contract is included in the subaward information.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	TeleMedik Inc.
2. Subaward Date:	December 17, 2012 - July 31, 2013
3. Subaward Number:	1U58DP004034-01
4. PPHF Funding Amount:	\$43,000.00
5. Subaward Purpose:	<p>An additional contract with the current PRQ provider, TeleMedik, was completed during this period (December 17, 2012). This contract is for \$43,000.00. Telemedik will develop an interactive voice recorder (IVR) to which will provide information to the caller when there are no counselors available. The purpose of this is to limit the amount of calls directed at the voicemail, and keep motivated the caller during waiting time. The IVR will provide educational smoking cessation information. The contract also includes the dissemination of nicotine replacement therapy to eligible participants and the recruitment of a health educator to promote the use of the Fax to Quit in physician clinics among others promotional tasks. TeleMedik will also make changes in data collection in order to comply with information requested by the National Quitline Data Warehouse on a monthly basis. The Tobacco Control Program staff met with TeleMedik staff in the middle of December 2012 to start these changes in service.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Arizona State Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$337,152.00
8. Award Number:	1U58DP004035-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Arizona Department of Health Services Bureau of Tobacco and Chronic Disease (ADHS BTCD), in partnership with the Arizona Smokers' Helpline (ASHLine), has developed a proposal with the intention to significantly increase the reach and effectiveness of the State of Arizona's quitline services in as cost-effective manner as possible. To accomplish this, ASHLine's capacity to serve all Arizonans wishing to quit tobacco use will be boosted through (1) the hiring of additional quit coaches to join the expert team of coaches already providing one of the most successful quitlines in the country; (2) by improving awareness of ASHLine's value among, and therefore referrals from, health care providers throughout Arizona by expanding the quitline's Referral Development ("outreach") capacity through the hiring of a health educator for Maricopa County (which includes the Phoenix metropolitan area); and (3) through the development of a sustainable and cost-effective public-private partnership initiative that will encourage health insurance carriers and employers to include comprehensive tobacco cessation benefits to covered individuals.</p> <p>The ASHLine is BTCD's primary service provider for quit tobacco services. BTCD's tobacco program lead, who manages the ASHLine contract, has also been working with all subcontractors funded through PPHF to ensure deliverables are met and timeframes are upheld. To date, BTCD has worked with ASHLine to prioritize efforts for the public-private partnership and has started strategizing outreach efforts with ASHLine's new FTE dedicated to this project. BTCD has also worked with ASHLine to prioritize expansion efforts for ASHLine's referral development team (RDT). The RDT will be focusing on community health centers (CHCs) around the state and will work with these CHCs to achieve system policy change regarding assessing tobacco use and referring patients to services (i.e. ASHLine). BTCD and ASHLine met with the Arizona Alliance of Community Health Centers, an umbrella group to CHCs statewide, to discuss implementation. Outreach should begin January 2013.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Arizona - Arizona Smokers' Helpline (ASHLine)
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004035-01
4. PPHF Funding Amount:	\$252,458.00
5. Subaward Purpose:	<p>The ASHLine has hired an additional full-time health educator in Maricopa County to work directly with the community outreach and systems change with the RDT on the engagement of community health centers. One half of this employee's time will be assigned to this task. The ASHLine has been successful in engaging most of the hospitals in building referral protocols for tobacco users. This successful program will be used to engage the community health centers that serve a largely low-income population with higher tobacco use prevalence. The health educator will also be the liaison for the ASHLine in the overall public-private partnership endeavor that ADHS BTCD and the ASHLine are currently pursuing. ASHLine has developed "return on investment" as support documentation when approaching public/private insurers. ASHLine and BTCD are also working on a business plan and timeframe for this initiative.</p> <p>ASHLine is also piloting a modified enrollment process that will reduce time spent on enrollment to better serve more callers and reduce the frustration of a long first call. The current questions related to tobacco history and counseling related questions will be collected during the first coaching call rather than the enrollment call during the pilot period. The ASHLine estimates that with the change in protocol, the enrollment process will be completed in 1/3 the current time with little additional time added to coaching as the coaches currently review the tobacco related data during the first call. The pilot officially launched 12/26/12. Quality assurance measures have been put in place to test the pilot.</p> <p>The ASHLine is in the process of hiring 3 half-time coaches with flex hours to handle increased call volume and increased requests for counseling due to the launch of the TIPS II campaign. Because of the large Hispanic Spanish speaking population in Arizona, efforts are made to hire bi-cultural (English/Spanish) staff for incoming calls and coaching. With the increase in referrals that will be occurring, the ASHLine is also in the process of hiring one additional half-time referral call specialist. Because the current call back survey protocol provides for maximizing the number of callers who receive follow-up calls, the ASHLine will add an additional half-time surveyor to the call back team as well.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Arizona - Evaluation Services
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U58DP004035-01
4. PPHF Funding Amount:	\$44,000.00
5. Subaward Purpose:	<p>Funds for this subcontract have been contracted to The University of Arizona Frances McClelland Institute for Children, Youth and Families through a contract held by the Arizona Department of Health Services Bureau of Tobacco and Chronic Disease through the Center for Disease Control and Prevention's PPHF State Public Health Approaches for Ensuring Quitline Capacity cooperative agreement. The purpose of the contract is to serve all residents in Arizona impacted by tobacco use and tobacco use exposure with evidence-based tobacco treatment services and resources that result in increased quit attempts and decreased exposure to environmental tobacco smoke.</p> <p>The aim of the subcontract is to provide data about the coverage offered and desired by the Arizona's largest employers in order to develop strategy to engage Arizona insurance purchasers and managed care organizations to support and sustain the quitline services. Public-private cost sharing partnerships offer an opportunity to direct public funding of services for the core quitline services and towards low SES populations, while providing increased reach to those covered by insurance. Sharing the cost for treatment services for insured and/or employed Arizona residents makes sense as 52% of callers to the ASHLine are insured. Cost sharing is defined as the sharing of the financial burden of providing tobacco treatment through nicotine replacement therapies and behavioral counseling through the Arizona Smoker's Helpline (ASHLine) and an entity with an interest in providing tobacco treatment to their population such as Managed Care Organizations, third party payors, insurance purchasers, employer groups or labor unions.</p> <p>The objectives of this subcontract agreement are:</p> <p>Objective 1: To identify the insurance plans used by Arizona large employers. Objective 2: To assess Arizona large employer knowledge about and provision of tobacco cessation benefits. Objective 3: To assess the barriers and facilitators experienced by Arizona large employers interested in offering evidence-based cessation treatment benefits. Objective 4: To develop an overview of the context of health insurance in Arizona.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Arizona - Nicotine Replacement Therapy Services

2. Subaward Date:	10/01/12
3. Subaward Number:	1U58DP004035-01
4. PPHF Funding Amount:	\$33,715.00
5. Subaward Purpose:	These funds will be used to provide nicotine replacement therapies (NRT - patch, gum and lozenge) to both insured and un-insured enrollees of the ASHLine. Funds were allocated to NRTs to prepare for the influx in callers due to the launch of the TIPS II campaign. No monies have been spent down yet.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Wisconsin Department of Health Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$433,996.00
8. Award Number:	1U58DP004036-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The Wisconsin Department of Health Services was awarded funding to continue to offer Quit Line services in Wisconsin through 1-800 QUIT NOW. Wisconsin's goal is to maintain a reach of 1.5% of the individuals in Wisconsin who smoke.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI)
2. Subaward Date:	October 1, 2012
3. Subaward Number:	Project Profile #155350
4. PPHF Funding Amount:	\$429,371.00
5. Subaward Purpose:	The award funding is currently being held in reserve to provide Wisconsin with the capacity to provide services during the second phase of the CDC's "Tips from Former Smokers" campaign. UW-CTRI has secured a contract for the funds with Quit Line vendor Alere Wellbeing so that they are prepared once the new ads begin airing.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Virginia Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$596,667.00
8. Award Number:	1U58DP004037-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>Funding provided under this grant opportunity has been allocated to hire a part time Cessation Coordinator and to modify and enhance the current quitline vendor services. Upon receiving the award August 1, 2012, the following has taken place:</p> <p>A Cessation Coordinator was hired and began work on August 20, 2012. Rita Miller, wage employee, works 30 hours a week for a total salary of \$39,345.00 per year. The original proposal allocated \$54,803 for this position. The difference (\$15,458.00) between actual salary and allocated salary will be reallocated to quitline vendor for additional services. The Cessation Coordinator is providing statewide leadership and coordination to all projects and activities related to tobacco cessation and promotion of Quitline services. The Cessation Coordinator worked closely with the quitline vendor to analyze service reports to determine the needed scope of quitline services. The specific services determined and the support activities that took place include: incorporating the web-based counseling link to the current Tobacco Use Control Project webpage; approval of service expansion for pregnant women and the uninsured; promotional campaign of expanded services followed to free clinics, local health departments and partners; the completion and submission of Data Warehouse reports to CDC; and the distribution of 1,500 brochures, 61 prescription pads and 9 posters to partners. The coordinator has attended meetings with partners, coalitions and agencies as well as participated on webinars highlighting tobacco control, cessation, chronic conditions and healthy communities. The Coordinator has also managed the Quitline vendor contract in addition to monitoring quality assurance, statistical data and reports required for the documentation and reporting. The Coordinator has worked with a variety of partner groups to promote increased awareness of the Quitline and the need to maintain service delivery throughout the state.</p> <p>Secondly, a modification was approved and contracted with the current quitline vendor, Alere Wellbeing. The modification of the contract has allowed TUCP to continue services and enhance the current quitline contract. The original contract with Alere ran from March 29, 2012 to March 30, 2013. The modified contract added services for 4 additional months extending until July 31, 2013. The entire budget for Alere Wellbeing under this funding is \$536,658. The budget allows for approximately 5,592 additional registered callers at \$14.00 per call (\$78,288), 4,473 single call counseling sessions at \$59.00 per person (263,907), 1,342 multiple call counseling sessions at \$79.00 per person (\$106,018), 2,550 quit kits at \$10.00 per kit (\$25,500), 621 Stand Alone web registrations at \$45.00 per registration (\$27,945), evaluation at \$34,000 and reporting services \$1,000.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing
2. Subaward Date:	09/19/2012
3. Subaward Number:	1U58DP004037-01
4. PPHF Funding Amount:	\$536,658.00
5. Subaward Purpose:	<p>On September 19, 2012 Alere Wellbeing (current VDH quitline vendor) contract was modified to incorporate an additional \$536,658.00.</p> <ul style="list-style-type: none"> This modification will increase the allowable registered callers by 5,592. The Virginia quitline had exhausted all funds for quitline services on September 30, 2012. From September 19, 2012 through December 16, 2012 we have reached 771 registered callers for quitline services, utilizing 13.8% of the number of allowable registered callers. <p>Specific services for Alere Wellbeing were determined:</p> <ul style="list-style-type: none"> Stand alone web registration Web counseling 1- call comprehensive interventions for anyone 4- call program for uninsured 10- call program for all pregnant women Quit kits for anybody <p>Current caller breakdowns from 9/19/12-12/16/12:</p> <p>Total callers: 771 1- Call: 531 4- Call uninsured: 165 10- Call pregnant: 18 Web counseling: 360 Uninsured web users: 17 Quit kits: 263</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	California Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,771,803.00
8. Award Number:	1U58DP004038-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	This award is significantly expanding the California Smokers' Helpline capacity, as well as providing several enhancements to its service offerings. The project goals are to: 1) expand the availability of counseling staff and extend Helpline hours of operation; 2) provide nicotine replacement therapy (NRT) for about 9,000 callers who otherwise would not receive quitting aids; 3) provide cessation text messaging services for Helpline clients; 4) promote the Helpline to diverse populations through media to increase utilization of the Helpline's Spanish and Asian language services; 5) expand social media and digital advertising outreach efforts to reach population groups with high smoking prevalence; and 6) increase sustainability through the development of partnerships and collaborations. California Tobacco Control Program staff worked closely with its subcontractor, the UCSD Smokers' Helpline, during this reporting period on design and initial implementation.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Regents of the University of California San Diego
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004038-01
4. PPHF Funding Amount:	\$2,606,867.00
5. Subaward Purpose:	Provide local assistance by expanding the capacity of the California Smokers' Helpline; initiating expanded services in languages representing the California smoking population and counseling hours; providing Nicotine Replacement Therapy (NRT) for clients who could not otherwise receive quitting aids; and expanding outreach efforts such as social media and mobile phone-based interventions to promote cessation and increase tobacco quit attempts.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Utah State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$90,520.00
8. Award Number:	1U58DP004039-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	During the current reporting period, TPCP has been working through the process of amending National Jewish Health's contract to include this grant funding for the purposes outlined in the original grant, including providing comprehensive tobacco Quit Line services to Utah residents.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	National Jewish Health
2. Subaward Date:	07/01/2012
3. Subaward Number:	1U58DP004039-01
4. PPHF Funding Amount:	\$90,520.00
5. Subaward Purpose:	The Utah Tobacco Prevention and Control Program (TPCP) contracts with National Jewish Health to provide comprehensive tobacco Quit Line services to Utah residents. The Quit Line program is based on 'Treating Tobacco Use and Dependence, Clinical Practice Guidelines' and the latest research findings. The program offers the benefit of evidence-based interventions, behavioral modification, motivational interviewing, and customized quit plans for each tobacco user.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Tennessee Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$510,286.00
8. Award Number:	1U58DP004040-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The State of Tennessee Department of Health, Family Health and Wellness Division submitted a request for proposals for a Tennessee Tobacco Quitline Multi-Media Campaign September, 2012. The Department received several proposals for the RFP. After scoring each of the proposals The Bingham Group, Incorporated, was selected to develop the multi-media campaign that will expand utilization of the Tennessee Tobacco Quitline through a concentrated two year multi-media campaign. A variety of promotions will be utilized, including TV ads, billboards, bus wraps, radio spots, and print materials to encourage tobacco cessation. It is anticipated that this media saturation will increase calls to the Tennessee Tobacco Quitline and encourage large numbers to enroll in the iCanQuit program through the Tennessee Tobacco QuitLine.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	The Bingham Group, Incorporated
2. Subaward Date:	11/15/12
3. Subaward Number:	1U58DP004040-01
4. PPHF Funding Amount:	\$406,059.30
5. Subaward Purpose:	The Bingham Group, Incorporated, developed a multi-media campaign in 2012 that will expand utilization of the Tennessee Tobacco Quitline by providing television advertisements and billboards. The pre-approved CDC Tobacco Media Campaign television ads, "Tips from Smokers", will be used to expand the multi-media campaign. Thirty-five (35) ads that are thirty (30) seconds in length per ad are being placed in the Knoxville, Nashville, and Memphis, Tennessee viewing areas, and thirty-five (35) will air in each city per month during the period December 1, 2012 through February 28, 2013. All thirty (30) second ads are tagged with the "1-800-QUIT-NOW" logo and the Department of Health logo. The ads are being placed as follows: Knoxville, TN: WBIR - NBC, Spots: 284, GRPs: 641.5, Reach: 93.20, Frequency: 6.9, Net Reach: 926,298. Nashville, TN: WKRN - ABC, Spots: 323, GRPs: 864, Reach: 66.54, Frequency: 12.98, Net Reach: 1,298,370. Memphis, TN: WMC - NBC, Spots: 213, GRPs: 434, Reach: 89.40, Frequency: 4.9, Net Reach: 1,143,259. The Bingham Group, Incorporated, will also develop and submit two versions of a multi-media campaign to expand utilization of the Tennessee Tobacco Quitline based on "The Cost of Cigarettes". Each version of the multi-media campaign will use billboards, bus wraps, public service radio announcements and artwork for print materials.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Rhode Island Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$68,198.00
8. Award Number:	1U58DP004041-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The current funding opportunity for Quitline Capacity and Monitoring and Evaluation activities is being used to respond to the increase in calls resulting from the National Tobacco Education Campaign. Quitline capacity will ensure that all callers on their initial call to the Quitline receive some form of assistance through live service or interactive voice recording system (IVR) that provides information or access to automated or live services; callers are provided quit tips for encouragement; or callers are referred to resources to assist them with quit attempts. The goal is to reach all callers on the initial call and to provide a shorter course of services and NRT. Activities undertaken by staff during July 1 to December 31, 2012 include: Contract management, planning and coordination of cessation services with Quitline and QuitWorks-RI staff; participation in NAQC webinars; attending annual NAQC conference and National Conference on Tobacco/Health; quarterly submission of Quitline data to CDC's National Quitline Database Warehouse.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	JSI Research and Training Institute
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004041-01
4. PPHF Funding Amount:	\$57,297.00
5. Subaward Purpose:	During the period July 01 to December 31, 2012, we received 826 new QuitWorks referrals and 537 new cases were screened by the program (QW = 449, Self-Referral =88). QW currently encompasses approximately 85% of the average case volume for the program and continues to grow. We have almost doubled the referral volume compared to the prior year and new referral sources continue to expand with 54 new providers making referrals during the past six months. 150 (29%) of clients who completed a screener call also completed one or more counseling sessions and 309 (69%) of QW's cases received 2 weeks of free nicotine patches. 237 six-month evaluation interviews were also completed during this period and the results are currently being compiled for our semi-annual report.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Connecticut State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$190,503.00
8. Award Number:	1U58DP004042-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	For the period of 8/3/2012-12/31/2012, an amendment to the current Quitline vendor's contract was developed. The contractor began planning and building the stand-alone web tobacco use cessation program in both English and Spanish. The Spanish web coaching website was developed and branded with our state information. The 'Text2Quit' program was developed for Connecticut and additional data points and reports were created for reporting on the activities that are associated with these enhancements. In addition, the required CDC question for the "Tips" media campaign was added to the Quitline Program registration process and quarterly reporting to the CDC data warehouse continued. The scheduled launch date for the enhancements is January 7, 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	Contract amendment was executed on December 31, 2012, although the work began in August 2012.
3. Subaward Number:	2009-0278-3
4. PPHF Funding Amount:	\$173,185.00
5. Subaward Purpose:	The enhancements are designed to increase utilization rates for populations with high tobacco use rates who are not currently using the Quitline services by meeting their language and technology needs. The populations primarily being targeted with the new services are young adults, ages 18-24 and Hispanic/Latinos.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Professional Data Analysts
2. Subaward Date:	Amendment not yet executed
3. Subaward Number:	2010-0152-2
4. PPHF Funding Amount:	\$17,318.00
5. Subaward Purpose:	During this reporting period, only pre-planning activities occurred. Contractor is already receiving quitline data and reports for ongoing evaluation work & will be adding another report for the evaluation of the new services.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Delaware State Department of Health and Social Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$62,724.00
8. Award Number:	1U58DP004043-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	During this reporting period we continued to operate the Delaware Quitline. The Delaware Quitline has been in operation since February 2001. Over 40,000 Delawareans have enrolled in free Quitline programs since it began. Delaware residents 18 or older are eligible to receive Quitline services. When a person calls the Quitline, they have the option of enrolling in telephone counseling or face to face counseling provided by a local health care professional trained in cessation counseling. Depending on income, participants may receive free FDA-approved pharmaceutical cessation aids and medicines such as patches, gum, lozenges, Chantix, Bupropion/Zyban, and inhaler through a voucher program. Funds from this cooperative agreement will enable the Delaware Quitline to handle the surge in callers anticipated due to the National Tobacco Education campaign (TIPS) and other federal initiatives. These funds will be used to provide registration intake and counseling to over 400 additional individuals. The full range of services currently available through the Delaware Quitline will be provided to the additional individuals.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing
2. Subaward Date:	09/27/2012
3. Subaward Number:	1U58DP004043-01
4. PPHF Funding Amount:	\$62,536.00
5. Subaward Purpose:	During this reporting period funds were allocated to Alere Wellbeing for operation of the Delaware Quitline. Funds from this cooperative agreement will enable the Delaware Quitline to handle the surge in callers anticipated due to the National Tobacco Education campaign (TIPS) and other federal initiatives. These funds will be used to provide registration intake and counseling to over 400 additional individuals. The full range of services currently available through the Delaware Quitline will be provided to the additional individuals.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Oklahoma State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$349,692.00
8. Award Number:	1U58DP004045-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Oklahoma worked with their project officer to revise their budget and workplan to better align with the goals of the award. At the same time they worked on developing relationships which will allow the workplan objectives to be successfully completed. Oklahoma has been working on ensuring best practices and evidence-based research are used. A consultant has worked with Oklahoma on ways to increase system capacity. The revised workplan and budget address system change evidence-based activities through training mental health/substance abuse peer recovery support specialists on cessation, nicotine replacement therapies, and other interventions with clients, including referrals to the Quitline. Low SES will be addressed in federally qualified health centers to integrate tobacco identification and referral to their infrastructure with provider trainings, electronic medical record documentation, and fax referrals to the Quitline.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oklahoma Department of Mental Health and Substance Abuse Prevention
2. Subaward Date:	Pending
3. Subaward Number:	1U58DP004045-01
4. PPHF Funding Amount:	\$103,196.00
5. Subaward Purpose:	The contractor will provide technical assistance to providers and Community Mental Health Centers to increase the number of Oklahoma Tobacco Helpline callers who identify with a behavioral health issue.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oklahoma Primary Care Association
2. Subaward Date:	Pending
3. Subaward Number:	1U58DP004045-01
4. PPHF Funding Amount:	\$178,055.00
5. Subaward Purpose:	The contractor will train members of the Oklahoma Clinician's Network (Community Health Center health professionals) in Academic Detailing, the utilization of the 5A's, Oklahoma Tobacco Helpline fax referral system and promoting the Helpline through Community Health Center tobacco control programs.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Oklahoma Tobacco Settlement Endowment Trust
2. Subaward Date:	Pending
3. Subaward Number:	1U58DP004045-01
4. PPHF Funding Amount:	\$50,662.00
5. Subaward Purpose:	The contract funds will enhance their contract with the current competitively awarded Helpline vendor to increase call volumes in response to planned promotional activities

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	District of Columbia Department of Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$50,000.00
8. Award Number:	1U58DP004046-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Limited activities were conducted for the period July 1 - December 31, 2012. By e-mail dated 10/24/12 the DC TCP was informed that "according to the CDC FMO, Health Reform Report as of 9/30/12 the DC Department of Human Services had not drawn down these funds." The Program was also informed that a No-Cost Extension was an option. A NCE was submitted and the DC TCP still awaits notification regarding this NCE request. Despite the lack of drawdown, the Program was able to leverage its ARRA/CPW grant and complete some of the work cited in the work plan, namely the on-line training tool for Mental Health and Substance Abuse professional for training to implement brief AAR into their cessation interventions. The tool was presented in collaboration with Alere Wellbeing, Inc. at the August 2012 NCTOH. Kindly note that the DC TCP has experienced a great deal of change effective October 1, 2012 as we were re-aligned with another administration within the DC DOH, the Addiction Prevention and Recovery Administration, in an effort to "synergize prevention and cessation services for District residents as well as co-locate local and federal tobacco control activities. The re-alignment included a change in principle investigator and physical office re-location. Presently, no sub-recipients are assigned.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Florida State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,327,432.00
8. Award Number:	1U58DP004047-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Funds are being used to purchase additional statewide TV and radio media buying activities. These additional media buys supplement Tobacco Free Florida's planned media buys for fiscal year (FY) 12-13, allowing Bureau of Tobacco Free Florida (BTFF) to remain on air throughout the FY and further target low SES, rural and disparate populations. Messages focus on the cessation services offered by Tobacco Free Florida, encouraging tobacco users to seek help. BTFF utilizes already existing creative materials from CDC's Media Campaign Resource Center or other state tobacco programs. BTFF amended an existing contract with ALMA DDB organization for marketing services. ALMA DDB was selected through a competitive procurement process for marketing services. The contractual services will be November 1, 2012 – June 30, 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	ALMA DDB
2. Subaward Date:	11/12/12
3. Subaward Number:	1U58DP004047-01
4. PPHF Funding Amount:	\$1,327,432.00
5. Subaward Purpose:	During this reporting period, BTFF amended the contract with the current advertising agency to include the cessation media funds to increase awareness of Tobacco Free Florida's cessation services. The contract was amended at the end of November 2012. BTFF worked with the media vendor to develop a plan for the funds including broadcast (radio and TV) and digital media. A two week radio flight starting December 17, 2012 was the first media flight paid for with the funds. The remaining budget will purchase media activities during the next reporting period (January - June 2013).

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Idaho State Department of Health and Welfare
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$93,470.00
8. Award Number:	1U58DP004048-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	No funding from this award was used during the reporting period. The funding will be used for a radio and TV advertising plan in early 2013. Idaho is in the process of transitioning quitline services to a new vendor in February 2013. New media will be used to advertise the Idaho QuitLine. Radio and TV ads will begin in mid-February and continue through June 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Illinois State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$858,768.00
8. Award Number:	1U58DP004049-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>The Illinois Department of Public Health was granted funds to enhance capacity of the Illinois Tobacco Quitline (ITQL). The Department's program plan addresses four areas: enhancing ITQL through improved technology and services; implementing a mobile phone-based intervention; a targeted media campaign to reach the population identified as "heavy smokers"; and an evaluation project that will measure performance and evaluate the impact of the enhancement efforts. ITQL enhancements include technology and management additions to improve customer service. ITQL software has been updated to improve the tracking system for calls and referrals to ITQL services. Management enhancements include hourly and daily monitoring of counseling and intake staffing levels. Two additional chat lines have been added. ITQL will promote the "chat lines" on its redesigned website, which was reviewed by the Department in November and December 2012, and will be released in early 2013. The upgraded tracking system includes electronic enrollment forms for referring patients to ITQL services. During the reporting period, the ITQL received 3,025 fax referrals and 175 electronic referrals. Monitoring and adjustment of staffing levels during periods of high call volume resulted in a reduced call abandonment rate, from 10% in state fiscal year 2012, to 7.38% during the reporting period. The Department is developing a mobile phone-based cessation intervention to deliver evidence-based information, strategies, and behavioral support to tobacco users interested in quitting. The intervention will be launched during the third quarter and may be coordinated with additional interventions. In November 2012 the Department launched an anti-smoking media campaign depicting the personal and emotional impact of smoking-related illnesses on smokers' families. The campaign features the ITQL with billboard and print ads, and a television commercial, all distributed statewide in November and December 2012 and continuing into 2013. The Department launched a media campaign in December 2012 for the fifth anniversary of the Smoke-Free Illinois Act (SFIA) (January 1, 2013) and promoting the ITQL. The media campaign was used by local health departments and received earned media statewide. The Department will target areas of the state with the heaviest smokers through media and direct mail campaigns. A direct mail campaign targeting young male smokers in high smoking prevalence areas was developed by the Department, the ITQL and its media contractor in October through December 2012. The direct mail campaign is expected launched in the first quarter of 2013. An evaluation plan is being developed to include process and outcome measures related to the ITQL performance. Defining the reach and impact of cessation services will be part of the evaluation plan. The plan will identify methods, measures, and an analysis of the main grant components and evaluate the effectiveness of the quitline.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Illinois Tobacco Quitline
2. Subaward Date:	07/20/12
3. Subaward Number:	1U58DP004049.01
4. PPHF Funding Amount:	\$37,500.00
5. Subaward Purpose:	ITQL enhancements include technology and management additions to improve customer service. ITQL software has been updated to improve the tracking system for calls and referrals to ITQL services. Management enhancements include hourly and daily monitoring of counseling and intake staffing levels. Two additional chat lines have been added. ITQL will promote the "chat lines" on its redesigned website, which was reviewed by the Department in November and December 2012, and will be released in early 2013. The upgraded tracking system includes electronic enrollment forms for referring patients to ITQL services.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Kansas State Department of Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$189,404.00
8. Award Number:	1U58DP004050-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Funds support the operation of providing cessation counseling to tobacco users across the state and accommodate increases to the Quitline from national media campaigns.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	Alere Wellbeing contract state date 7/1/2012
3. Subaward Number:	1U58DP004050-01
4. PPHF Funding Amount:	\$189,404.00
5. Subaward Purpose:	Alere Wellbeing, the Kansas Tobacco Quitline vendor, manages cessation counseling for tobacco users via telephone and web based systems. Funds will support the increased number of tobacco users that will be contacting the Quitline as a result of the TIPS campaign which is projected to begin in March 2013.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Maine Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,751.00
8. Award Number:	1U58DP004051-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	The scope of work for this project is to conduct clinical outreach trainings at 24 Patient Centered Medical Home Practice Offices (PCMH) throughout Maine to train about tobacco treatment with an emphasis on the fax referral form. Specifically, a fax referral form will be developed and then aligned into the physician's electronic medical record system; a patient who would like tobacco treatment will have their named faxed directly to the Maine Tobacco HelpLine for a proactive phone call from a tobacco treatment specialist. The project will address the Medicaid population, whose smoking rates are higher when compared to the general population. Data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS) reported the current smoking rate for Medicaid recipients to be 41.3% as compared with 13.8% for the non-Medicaid population. PCMHs are well positioned to reach Maine's Medicaid population, especially in rural regions of Maine. This is important because fax referrals to state quitlines have been found to be cost effective (less than \$2.00 per patient) and has been reported to increase cessation rates compared with reactive use of quitlines. (where the tobacco user initiates all contact).

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Ken Lewis, Center For Tobacco Independence
2. Subaward Date:	01 / 2013
3. Subaward Number:	1U58DP004051-01
4. PPHF Funding Amount:	\$97,236.00
5. Subaward Purpose:	The MaineHealth Center For Tobacco Independence (CTI), the tobacco treatment initiative contractor, will work with the 24 PCMH offices to incorporate the fax referral form into their specific electronic medical record system. All calls to the Maine Tobacco HelpLine are kept in a database, including the number of fax referrals from each specific site, including each PCMH, insurance status and various other demographics. Baselines are determined by the numbers collected before the project is implemented

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Massachusetts State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$378,699.00
8. Award Number:	1U58DP004052-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	Funds from this award will expand the state quitline's capacity during the spring 2013 national media campaign, enabling the quitline to answer more inbound calls, reduce wait times for counseling appointments, and increase callback capacity. Secondly, a portion of the funds will be used to continue to expand health systems' adoption of electronic QuitWorks, the electronic healthcare provider referral to the state quitline. No activities were conducted using grant funds during this reporting period.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	John Snow Inc.
2. Subaward Date:	8/1/2012
3. Subaward Number:	1U58DP004052-01
4. PPHF Funding Amount:	\$378,699.00
5. Subaward Purpose:	No funds were expended during this reporting period. The funds will be expended between January and July, 2013.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Michigan Department of Community Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$747,803.00
8. Award Number:	1U58DP004053-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	This grant is being used to increase calls to the Michigan Tobacco Quitline. The funding will pay for media and for additional calls received at the Quitline as a result. To date \$1,895 has been spent for posters promoting the Michigan Tobacco Quitline. Posters are double-sided with English on one side and Spanish on the other. The posters were printed in-house through the Michigan Department of Management and Budget.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Brogan & Partners
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004053-01
4. PPHF Funding Amount:	\$200,000.00
5. Subaward Purpose:	Funds have not been expended yet but will be used to air television and radio ads to promote quitting tobacco and/or calling the Quitline.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	National Jewish Health
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004053-01
4. PPHF Funding Amount:	\$526,603.00
5. Subaward Purpose:	Funds will be used to cover additional counseling calls generated by the advertising campaign.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Minnesota Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$296,100.00
8. Award Number:	1U58DP004054-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>Provide a high level description of the award and activities undertaken during the reporting period. July 2012- December 2012</p> <ol style="list-style-type: none"> 1. Minnesota Department of Health (MDH) received notice of cooperative agreement award. 2. The State Public Health Approaches for Ensuring Quitline Capacity award was submitted to and approved by the Minnesota Legislative Advisory Commission (LAC) for review. By authority granted through Minnesota statute the LAC has authority to review and grant requests by state departments and state agencies for funding from contingent appropriations or spending of federal funds. On October 29, 2012, the LAC permitted MDH to accept this cooperative agreement award. 3. MDH assigned a staff person to manage the grant project and sub-awards. This position will be housed in the Alcohol and Tobacco Prevention and Control Program. 4. The Communication Coordinator position was and applications are being reviewed for hiring. 5. Initiated internal contracting processes within MDH to receive authorization to enter into contracts with sub-award recipients for activities identified in MDH's project proposal for this cooperative agreement. This authorization is in process and MDH expects to have fully executed contract by next quarter.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Mississippi State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$265,948.00
8. Award Number:	1U58DP004055-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>IQH has undertaken activities to build capacity and ensure that staffing and facilities are in place to maintain Quitline services for residents of Mississippi during the CDC National Media Campaign. One additional counselor and two Quit Plan specialists have been hired since August 1, 2012. The Quit Plan Specialists take the initial calls and can work with a caller further into the assessment prior to the beginning of counseling. This allows for a better opportunity to respond to the caller while they are motivated to quit. A replacement telephone system was installed November 14, 2012, a ShoreTel VoIP system that will integrate voice and data and provide more flexible call center capabilities. Enhancements provided in the new system will allow staff to provide services from outside the office, for example, to provide coverage for weekend hours, holidays or after office hours; With the ShoreTel system, when a call comes in, the system will search the caller's information from the database and route the call to the appropriate counselor; Counselor will be able to "click" phone numbers from the database application to make outgoing calls; Call forwarding can easily be done to a cell phone or other external phone; The ShoreTel system has options for instant messaging, video and email capabilities that can easily be added for future use. Training is ongoing and IT staff are working with equipment vendor to solve any issues that arise and to configure the system to meet the needs of the Quitline. Staff is in the process of revamping the Quitline database to better align with the new system. Plans for the next quarter include the purchase of additional computer equipment including an updated file server. Plans are also underway for media promotions including radio, specialty promotions and social media.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	MS Foundation for Med Care dba info and Quality Healthcare
2. Subaward Date:	08/01/2012
3. Subaward Number:	1U58DP004055-01
4. PPHF Funding Amount:	\$265,948.00
5. Subaward Purpose:	There were no funds expended during first quarter of grant period; Approximately \$42 K to \$45 K will be spent during the second quarter for installation of new phone system, computer equipment and staffing.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Missouri State Department of Health and Senior Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$503,513.00
8. Award Number:	1U58DP004056-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	This grant to support and enhance the Missouri Tobacco Quitline is anticipated to assure that comprehensive proactive Quitline services, with at least one coaching call are available to over 5,000 tobacco users with approximately 1,500 receiving two weeks of free nicotine replacement therapy. Missouri is also using the funding to add enhancements – texting support and web-only coaching, to reach younger, tech savvy tobacco users. The funding will allow these enhancements to be evaluated along with the evaluation of 7-month quit rates, with the intent to use what is learned to improve future services and to determine the effectiveness of the Quitline in helping tobacco users to quit.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Alere Wellbeing, Inc.
2. Subaward Date:	07/1/2012
3. Subaward Number:	1U58DP004056-01
4. PPHF Funding Amount:	\$498,512.00

5. Subaward Purpose:	<p>29235 - Through this funding, the Missouri Tobacco Quitline (MTQ), operated by Alere Wellbeing, Inc. (Alere), has continued to provide one coaching call to all tobacco user callers with subsets of callers (the uninsured, Medicaid clients, pregnant females) eligible to receive multiple calls. In addition to at least one coaching call, participants are directed to the MTQ web-based services, available in both English and Spanish, and texting support. During the period August 1 through November 30, 2012*, this grant supported 266 registration calls (callers) to the Quitline and allowed 193 tobacco users to initiate their comprehensive proactive counseling. Also during this period, 495 participants enrolled in the texting support program, receiving a series of text messages personalized to each individual's quitting plan. Through this funding, the MTQ is able to provide a two-week supply of nicotine replacement therapy (NRT) patches or gum to all callers enrolled in counseling services, except for MoHealth Net callers who can get NRT through Medicaid. The NRT is limited to one time per individual caller. With this funding, the Quitline provided NRT to 665 participants from August 1 through November 30, 2012*. The number of participants served by this funding is anticipated to increase as other sources of funding are depleted during the grant budget period. During this reporting period, the Department approved an evaluation proposal prepared by Alere. The MTQ will conduct an evaluation of quit rates and user satisfaction during the timeframe of the grant. The evaluation will assess satisfaction with service and quit outcomes of a random sample of MTQ participants at seven-months post-registration, using a standard Minimum Data Set (MDS) compliant survey. Evaluation data will include several sources: registration, intake, service, and follow-up survey data. Follow-up survey data will be combined with other data to report reach, satisfaction, and quit rate outcomes by participant characteristics, tobacco use factors, and services received.</p> <p style="text-align: right;">*December 2012 data will be available on January 15, 2013.</p>
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[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	
2. Subaward Date:	
3. Subaward Number:	1U58DP004056-01
4. PPHF Funding Amount:	

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	Nevada State Department of Health and Human Services
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$227,661.00
8. Award Number:	1U58DP004057-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	This award will increase quitline capacity in Nevada in order to accommodate increased call volumes generated by the National Tobacco Education Campaign. The grant period for this award is August 1, 2012 to July 31, 2013. During this reporting period the Nevada State Health Division staff were working with the University of Nevada, Reno to fund the tobacco quitline through a subgrant. A subgrant was issued to the University of Nevada, Reno for the Nevada Tobacco User's Helpline (NTUH).

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Board of Regents, Nevada System of Higher Education, on behalf of the University of Nevada, Reno Nevada Tobacco Users' Helpline (NTUH)
2. Subaward Date:	08/31/2012-06/24/2013
3. Subaward Number:	HD# 13038
4. PPHF Funding Amount:	\$212,065.00
5. Subaward Purpose:	The purpose of this subgrant is to provide tobacco cessation quitline services for the State of Nevada. Quitline services are an essential part of Nevada's comprehensive Tobacco Prevention and Control Program (TCP). Funding will allow all Nevada residents over the age of 18 access to quitline services to encourage and support smoking cessation attempts.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	State Public Health Approaches for Ensuring Quitline Capacity
4. Recipient Name:	West Virginia State Department Health and Human Resources
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$205,763.00
8. Award Number:	1U58DP004078-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.735
11. Summary of Activities:	<p>Funding from this 2012 supplemental state tobacco cessation quitline award in its entirety will go toward coverage of enrollment and maintaining, increasing utilization of the West Virginia Tobacco Cessation Quitline. The main goal is to "assure basic, minimum Quitline benefits for tobacco cessation for all West Virginia tobacco users." Total enrollees to the WV Tobacco Cessation Quitline covered by Division of Tobacco Prevention and Bureau for Public Health (by month) included: July, 2012 - 451 enrollees; August, 2012 - 514 enrollees; September, 2012 - 470 enrollees; October 2012- 435 enrollees; November 2012 - 376 enrollees; and December 2012 - 460 enrollees. We are currently working to determine exactly how many of these total enrollees were enabled to utilize quit services under the supplemental funding award (and will report further details in our final report. Total enrollees to the WV Tobacco Cessation Quitline covered by Division of Tobacco Prevention and Bureau for Public Health (by month) included:</p> <p>July, 2012 - 451 enrollees; August, 2012 - 514 enrollees; September, 2012 - 470 enrollees; October 2012- 435 enrollees; November 2012 - 376 enrollees; and December 2012 - 460 enrollees.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	beBetter Health Networks
2. Subaward Date:	07/01/2012
3. Subaward Number:	1U58DP004078-01
4. PPHF Funding Amount:	\$205,763.00
5. Subaward Purpose:	Funding from this 2012 supplemental state tobacco cessation quitline award is for coverage of enrollment and maintaining, increasing utilization of the West Virginia Tobacco Cessation Quitline, and is to "assure basic, minimum Quitline benefits for tobacco cessation for all West Virginia tobacco users" (but no nicotine replacement products are covered with these funds). The entire amount will go to our statewide Tobacco Cessation Quitline vendor, beBeter Networks of Charleston, West Virginia.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

Recipients awarded a contract with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Communication, Marketing, and Database Strategies, Services, and Support to the Office on Smoking and Health
4. Recipient Name:	ICF Macro, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$800,000.00
8. Award Number:	200-2007-20003-0017-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	1. Operated the Media Campaign Resource Center (MCRC), a clearinghouse of tobacco prevention and counter-marketing materials. 2. Provided technical assistance and training to communities, states, and partner organizations on a variety of health communication topics through Media Network webinars, e-Bulletin, conferences and trainings, and direct technical assistance. 3. Supported development of major OSH products including MMWR articles, presentations, public service advertisements and developed communications plans for distribution of materials.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Evaluation of CDC's National Tobacco Prevention and Control Public Education Campaign
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$213,531.00
8. Award Number:	200-2007-20016-0021-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	RTI is tasked with analyzing data on 1-800-QUIT-NOW call volume and other data sources to assess the Tips campaign impact on quitline calls nationally and in specific states. RTI has completed and delivered draft reports on the campaign impact on call volume by state, the impact on call duration (also by state), and analyses of weekend vs. weekday calls to QL. RTI has also completed a recruitment plan for certain states to participate in more detailed analysis by providing their QL intake data for the time period covered by the Tips campaign.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Evaluation of the National Tobacco Education Campaign
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,842,022.00
8. Award Number:	200-2007-20016-0028
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	RTI has completed the evaluation design and planning for evaluating the Tips 2 campaign. This includes a full sample design, power analysis, development of a statement of work for our data collection subcontractor, and the completion of an OMB ICR package for the planned data collection. Each of these materials was delivered during the reporting period.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	North American Quitline Consortium (NAQC)
4. Recipient Name:	North American Quitline Consortium
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$263,000.00
8. Award Number:	200-2008-26560-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Task 1.4.1 Analysis of Pre-Existing NAQC surveys: the 2011 survey data analysis and reporting materials have been completed; technical assistance has been provided to states and CDC on an as needed basis; the survey instrument for the 2012 annual survey has been drafted and necessary timeline and milestones outlined.</p> <p>Task 1.4.2 Quality Improvement Initiative: the scope of the Future of Quitlines paper and a timeline have been developed; the roster of the Advisory Council finalized and the first teleconference held; an executive summary and supporting document have been disseminated for the Service Offerings paper; development of the scope of the paper on referral programs is underway.</p> <p>Task 1.4.3 Technical Assistance on Quitlines</p> <p>A. Medicaid Learning Community (MLC): workplan for the year and schedule for the strategy huddles have been determined; the MLC repository updates and Listserv posts have been made on a regular basis; Sharon Brown with CMS was recruited to participate in the standing meetings; Medicaid case study from Maryland has been disseminated.</p> <p>B. Public-Private Partnerships (PPP): outline of the workplan and identification of 10 states needing assistance have been finalized; worksheet has been developed for states to capture successes, challenges, goals for 2013 and additional resources needed from NAQC. Changes to the online document repository have been made; documents for the January webinar on the cost-sharing models have been prepared and the additional partnership questions added to the annual survey.</p> <p>C. Evaluation and Quality Improvement Technical Assistance: the draft quitline evaluation guidance document has been completed and the next draft deadline has been scheduled for the end of February; 1-800-quit-now e-bulletin has been drafted; data pulls and technical assistance have been provided to CDC and states on an ongoing basis.</p> <p>D. Technical assistance on emerging issues: updated date on quitline services and evaluation needs to pregnant women have been provided to CDC for the COIN project; NAQC has hosted calls between quitline service providers, CDC and NCI for the TIPS II National Media Campaign and Spanish-language portal. A spreadsheet for the service providers has been developed and necessary information gathered; November webinar has been hosted on eReferral; NAQC drafted comments for ONC on the stage 3 recommendations for meaningful use of Electronic Health Records; work is underway to establish a NAQC workgroup on eReferral.</p> <p>Task 1.4.4 Communication Channels : monthly Connections has been disseminated. A total of 38 other communications have been distributed to members and 9 to separate distribution groups. A total of 98 items have been posted to the Newsroom; changes have been made to the NAQC website. Website analytics and trends have been tracked and reported to CDC on a monthly basis; four webinars have been hosted since September.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Quitlines- Consulting Services Analytical, Technical Assistance and Evaluation Services
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$438,138.87
8. Award Number:	200-2009-28537-0041-00014
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	Provide expert consulting services in research and analysis on a wide variety of tobacco related topics, which will create journal articles, publications and other materials focusing on tobacco and the public health risks. Provide expert consulting services required to perform environmental scan(s) of the Centers for Disease Control and Prevention (CDC)/OSH Tobacco Evaluation Research. Provide statistical and epidemiologic assistance in support of tobacco research and the surveillance and evaluation of the National Tobacco Control Program at the national, State, and local levels. Provide strategic planning, organizational development, program assessments and evaluation, consultative and communication processes, and training to OSH.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	McKing Consulting Corporation
2. Subaward Date:	November 14, 2012
3. Subaward Number:	200-2009-28537-0041-00014
4. PPHF Funding Amount:	\$137,464.00
5. Subaward Purpose:	The purpose of this Sub Award is to provide expert services for PPHF related items and to assist in data analysis, report writing, publication, program planning and technical assistance to states for tracking and improving state quitline services, utilization and quit rates.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	Biostatistics, Inc.
2. Subaward Date:	November 30, 2012
3. Subaward Number:	200-2009-28537-0041-00014
4. PPHF Funding Amount:	\$41,544.00
5. Subaward Purpose:	The purpose of this Sub award is to provide evaluation support to the Office on Smoking and Health's programs by assisting with and conducting statistical analysis on a variety of data sets. Also, to develop/improve a system for quick turnaround of statistical review of research papers and reports and to develop secondary analysis plans as well as publish papers.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Access to real-time pharmacy transaction data
4. Recipient Name:	NDC Health Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$85,000.00
8. Award Number:	200-2011-39568-00004
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>In 2012, at the request of CDC (leveraging PPHF funding and an existing contract vehicle) - NDC Health began the technical work to modify existing data extraction rules to provide CDC (OSELS/PHSIPO/DNDHI and ONDIEH) record level pharmaceutical transaction sales data related to SMOKING CESSATION from seven states (CA, OH, NC, FL, MS, LA, AL) for the time period 11/1/2012-12/31/2013. These data are provided from approximately 65-75% of all pharmacies within each of the identified states.</p> <p>On November 1st, 2012, CDC began receiving an expanded data within the CDC Federal AWS Cloud Storage environment (sponsored by OSELS/PHSIPO/DNDHI) which included pharmaceutical transactional data related to Smoking Cessation specific drugs leveraging 27 unique RXNORM codes which represent seven (7)* first in-line FDA approved medications. CDC receives a daily update each day of newly recorded transactions - representing approximately 250K-1.5M records each day for a broad range of RX therapeutic classes.</p> <p>Future activities:</p> <p>(1.) In 2013, CDC will receive historic (retrospective) record data regarding transactions (same initial geography and indicators) for the time period 1/1/2011-11/1/2012 as a baseline to supplement prospective data.</p> <p>(2.) CDC is currently working with NDC Health to determine the appropriate technical mechanism to deliver/ receive these 2 years of historic data (approximately 150-350 Million records - data feed includes a broader range of therapeutic classes beyond smoking cessation) - March 2013.</p> <p>(3.) In 2013, Relay Health will begin negotiations with external data providers to expand the geographic coverage to include a broader national coverage for prospective data (given state, vendor, and provider level restrictions - outcomes for the expansion of data access rights are unknown; OSELS/PHSIPO/DNDHI has however experienced repeated success in working with NDC Health through such challenges in the past, although such contract negotiations are time consuming) - Spring 2013.</p> <p>(4.) CDC will provide access to AWS storage environment to ONDIEH staff for direct query of these data and provide analytic and interpretive support.</p> <p>(5.) OSELS/PHSIPO/DNDHI is working with NDC Health to develop a national atlas and codebook(s) to aid in the interpretation of these administrative data to support ONDIEH PPHF needs. - March 2013.</p> <p>(6.) CDC will work with NDC Health to develop mechanism to add newly approved medications within the pre-determined therapeutic classifications for each given use-case for the RX data feed (February 2013); this will ensure that newly approved medications, components, branded drugs, etc. are included within data-feed beyond the PPHF funding cycle (2012-2013) for each of the potential option years of the NDC / CDC contract until 2016.</p> <p>(7.) CDC will provide ONDIEH analytic and SME support ensure that analytic and reporting measure are achieved for the PPHF 2012 reporting deadline in July 2013.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Quitlines- 8A set aside Professional and Administrative Support
4. Recipient Name:	Solutions One Industries, LTD.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$599,953.58
8. Award Number:	200-2012-50061
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>PPHF dollars were used to support CDC's National Tobacco Education Campaign – Tips From Former Smokers – and to enhance state quitlines' ability to respond to increased call volume resulting from the ad campaign.</p> <p>For the media campaign, PPHF dollars are being used for the ad buy and ad placement of the second phase of the Tips From Former Smokers campaign (Tips 2), planned to air in the first quarter of 2013. Other media campaign activities funded with PPHF dollars include the Tips 2 campaign evaluation, digital media strategies and materials, earned media and media relation activities, technical assistance and training, writing and editing, and graphic design.</p> <p>PPHF funds are being used on development of ads in phase 3 of the campaign, which will likely air in 2014.</p> <p>Additionally, funds are being used to provide administrative support to PPHF staff on a routine basis. Contact and correspond with internal OSH staff, other CDC CIO's, local, national and international Health Organizations, private organizations, contracting agencies, non-profit organizations and other Federal, local and State governmental agencies to discuss and set up conference calls and on-site meetings. Manage calendars of PPHF principals on as-needed basis. Coordinate schedules and set up meeting times and locations with internal and external partners. Provide administrative support to PPHF staff through drafting of correspondence, distribution of pertinent documents, coordination of necessary mailings, etc. Answer questions and inquiries through e-mail and via telephone. Function as a point of contact for varied administrative issues and provide guidance and assistance in procedures, instructions, and regulations. Coordinate travel arrangements with PPHF staff and internal and external partners.</p>

FY 2012 CDC ACA/PPHF Contract Semi Annual Recipient Reporting Template

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	National Tobacco Education Campaign
4. Recipient Name:	Plowshare Group, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$6,054,271.00
8. Award Number:	200-2012-53469
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Plowshare Group #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #B COMMUNICATIONS PLAN - Initiated work on comprehensive communications plan. #J WRITING - Wrote bios and other materials for Tips2 cast for web, promotion, etc. #L TECHNICAL ASSISTANCE - Reviewed resumes, conducted phone interviews, called references, and coordinated meetings with OSH staff for on-site Campaign Manager. #M CONTRACT MGMT - Coordinated & attended Campaign Kick-off meeting in Atlanta. Developed milestone payment schedules. Attended meeting with PGO & COR officers in ATL for contract review. NOV2012 #A WORK PLAN - Continued development of detailed work plan for Campaign 3. #B COMMUNICATIONS PLAN - Continued work on comprehensive communications plan. #C MEDIA BUY - Presented and revised several versions of a comprehensive Tips2 media plan and gained initial approval. #G DIGITAL MEDIA - Began planning process of the Planning Tips2 social media messaging and roll out plan. #H EARNED MEDIA - Developed & submitted Tips2 Launch event recommendations to OSH. #J WRITING - Ongoing writing & editing support for Tips2. #L TECHNICAL ASSISTANCE - Coordinated meeting with OSH staff for on-site Campaign Manager. #M CONTRACT MGMT - Refined and coordinated with OSH on milestone payment schedule. DEC2012 - #A WORK PLAN - Continued to update work plan. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan. #C MEDIA BUY - Received final approval on media buy/strategy. Began media negotiations. Local TV network avails are being finalized. Ongoing Local TV clearance #E DEVELOP MESSAGES - Literature review began to be conducted by all agencies. Contract 3 in development. Looking ahead to strategic planning for Campaign 3. National cable clearance began. #G DIGITAL MEDIA - Planning Tips2 social media roll out plan. #H EARNED MEDIA - Submitted post-launch Earned Media plan. #M CONTRACT MGMT - Co-authored and distributed weekly call agendas. Wrote call reports for OSH team members.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Arnold Worldwide
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$8,554.00
5. Subaward Purpose:	<p>Arnold Worldwide #53469 OCT2012 - #A WORK PLAN - Initiated detailed work plan. #M CONTRACT MGMT - Coordinated & attended Campaign Kick-off meeting in Atlanta. Wrote POV's on creative development and campaign strategic direction. NOV2012 - #A WORK PLAN - Continued development of detailed work plan for Campaign 3. #G DIGITAL MEDIA - Began planning processes of the Planning Tips2 social media messaging and roll out plan. #J WRITING - Ongoing writing & editing support including cast bios and other materials for Tips2 cast for web, promotion, etc. DEC2012 #A WORK PLAN - Continued to update the work plan based on changes in delivery schedules. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan including partnerships and earned media strategy. #C MEDIA BUY - Received final approval on the Asian media buy/strategy. Plan included Asian based newspapers in several high Asian population centers in the U.S. #E DEVELOP MESSAGES - Literature review began. National Cable clearance began #G DIGITAL MEDIA - Planning Tips2 social media messaging and roll out plan. #H EARNED MEDIA - Developed & submitted Tips2 Launch event recommendations to OSH. Submitted post-launch Earned Media plan. Partnership Plan and stakeholder matrix has been drafted (Robin Scala) and is now under review with Diane Beistle and Gabby Promoff. Briefing for D.C. based national partner organizations will be scheduled once CDC OSH proposes new date. Diane Beistle briefed attendees of the CDC OSH Partner Meeting in December on plans for Tips2, which was well received. #M CONTRACT MGMT - Revised documents & prepared presentations for additional approvals and decisions timeline list. Conducted internal team calls in preparation for weekly calls and status updates with OSH. Participated in weekly calls with OSH team.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Harris Interactive
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$8,427.00
5. Subaward Purpose:	Harris Interactive #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #M CONTRACT MGMT - Coordinated & attended Campaign Kick-off meeting in Atlanta. NOV2012 - #A WORK PLAN - Continued development of detailed work plan for Campaign 3. DEC2012 #A WORK PLAN - Continued to update the work plan based on changes in delivery schedules. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan including partnerships & earned media strategy. #E DEVELOP MESSAGES - Literature review began to be conducted by all agencies. Looking ahead to strategic planning for Campaign 3. National cable clearance began. #M CONTRACT MGMT - Revised documents & prepared presentations for additional approvals and decisions timeline list. Conducted internal team calls in preparation for weekly calls and status updates with OSH. Participated in weekly calls with OSH team.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Golin Harris
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$9,520.00
5. Subaward Purpose:	<p>Golin Harris #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #B COMMUNICATIONS PLAN - Initiated work on comprehensive communications plan including partnerships & earned media strategy. #J WRITING AND EDITING - Wrote bios and other materials for Tips2 cast for web, promotion, etc. #M CONTRACT MGMT - Coordinated & attended Campaign Kick-off meeting in Atlanta. NOV2012 # A WORK PLAN - Continued development of detailed work plan. #B COMMUNICATIONS PLAN - Continued work on plan including partnerships & earned media strategy. #G DIGITAL MEDIA - Began planning process of Tips2 social media messaging and roll out plan. #H EARNED MEDIA - Developed and submitted Tips2 Launch event recommendations to OSH. #J WRITING - Ongoing writing and editing support including cast bios and other materials for Tips2 cast. DEC2012 #A MEDIA PLAN - Continued to update the work plan based on changes in delivery schedule. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan. #E DEVELOP MESSAGES - Literature review began to be conducted by all agencies. Looking ahead to strategic planning. #G DIGITAL MEDIA - Planning Tips2 social messaging and roll out plan. #H EARNED MEDIA - Developed and submitted Tips2 Launch event recommendations to OSH. Submitted post-launch Earned Media plan. Partnerships Plan & stakeholder matrix has been drafted (Robin Scala) and is now under review with Diane Beistle and Gabbi Promoff. Briefing for D.C. based national partner organizations will be scheduled once CDC OSH proposes new date. Diane Beistle briefed attendees of the CDC OSH Partner Meeting in December on plans for Tips2, which was well received. #M CONTRACT MGMT - Revised documents and prepared presentations for additional approvals and decisions timeline list. Participated in weekly calls with OSH team. Co-authored & distributed weekly call agendas. Wrote conference/call reports for distribution to OSH team members.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants.)]	
1. Subaward Recipient Name:	MPG-Media Planning Group
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$29,937,741.00
5. Subaward Purpose:	<p>Media Planning Group #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #C MEDIA BUY - Began the formative process of developing the overall media strategy, recommendation and plan. #M CONTRACT MGMT - Coordinated and attended Campaign Kick-off meeting in Atlanta. NOV2012 #A WORK PLAN - Continued development of detailed work plan for Campaign 3. #C MEDIA BUY - Presented and revised several versions of a comprehensive Tips2 media plan. After several revisions, the Nov 30th plan gained initial approval. Plan included a national segment: (Cable, Hispanic TV, Digital Video, Online Display, Mobile, Search) and a local segment in 60 DMAs:(Local TV, Billboard, Transit, and Magazine.) #G DIGITAL MEDIA STRATEGIES - Began planning process of the Planning Tips2 social media messaging and roll out plan. #H EARNED MEDIA - Developed and submitted Tips2 Lauch event recommendations to OSH. #M CONTRACT MGMT - Revised documents and prepared presentations for additional approvals and decisions timeline list. Participated in weekly calls with OSH team. DEC2012 #A WORK PLAN - Continued to update the work plan based on changes in delivery schedules. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan including partnerships and earned media strategy. #C MEDIA BUY - Received final approval on media buy/strategy. Finalized Local TV markets based on randomization method. Began media negotiations. Local TV network avails are being finalized. Ongoing Local TV clearance (Arnold is handling National). Most networks are approving all 5 creatives, but a few have issues with "Terrie". MPG to look at additional networks in case clearance issues persist. An initial checklist detailing clearance by market will be provided w/o 1/7. Creative rotation to be determined based on clearance outcome (w/o 1/7) . Digital Media Recommendations to be presented 1/17. Launch date becomes firm on 1/25. Digital creative sent to MPG by 2/13, trafficked by 2/18. #M CONTRACT MGMT - Participated in weekly calls with OSH team.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Legacy
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$5,757.00
5. Subaward Purpose:	<p>Legacy #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #B COMMUNICATIONS PLAN - Initiated work on comprehensive communications plan including partnerships and earned media strategy. #M CONTRACT MGMT - Coordinated and attended Campaign Kick-off meeting in Atlanta. NOV2012 #A WORK PLAN - Continued development of detailed work plan for Campaign 3. #B COMMUNICATIONS PLAN - Continued work on comprehensive communications plan including partnerships and earned media strategy. #G DIGITAL MEDIA - Began planning process of the Planning Tips2 social media messaging and roll out plan. #H EARNED MEDIA - Developed and submitted Tips2 Launch event recommendations to OSH. #J WRITING - Ongoing writing & editing support including cast bios and other materials for Tips2 cast for web, promotion, etc. DEC2012 #A WORK PLAN - Continued to update the work plan based on changes in delivery schedules. #B COMMUNICATIONS PLAN - Began work on comprehensive communications plan including partnerships and earned media strategy. #E DEVELOP MESSAGES - Developed and submitted Tips2 Launch event recommendations to OSH. Submitted post-launch Earned Media plan. Partnership Plan and stakeholder matrix has been drafted (Robin Scala) and is now under review with Diane Beistle and Gabby Promoff. Briefing for Washington, DC - based national partner organizations will be scheduled once CDC OSH proposed new date. #M CONTRACT MGMT - Revised documents and prepared presentations for additional approvals and decisions timeline list. Conducted internal team calls in preparation for weekly calls and status updates with OSH. Participated in weekly calls with OSH team.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Elevacion
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$494,409.00
5. Subaward Purpose:	<p>Elevacion #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #C MEDIA BUY - Began the formative process of developing the overall media strategy, recommendation and plan for the Hispanic portion of the media plan. #M CONTRACT MGMT - Coordinated and attended Campaign Kick-off meeting in Atlanta. NOV2012 #A WORK PLAN - Continued development of detailed work plan for Campaign 3. #C MEDIA BUY - Presented and revised several versions of a comprehensive Tips2 Hispanic media plan. After several revisions the Nov 30th plan gained initial approval. Plan included local and National Hispanic media including radio, TV, and billboard. DEC2012 #C MEDIA BUY - Received final approval on the Hispanic and AI/AN media buy/strategy. Plan includes: radio, billboard, newspapers and limited TV. #M CONTRACT MGMT - Revised documents and prepared presentations for additional approvals and decisions timeline list. Conducted internal team calls in preparation for weekly calls and status updates with OSH. Participated in weekly calls with OSH team.</p>

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Apartnership
2. Subaward Date:	09/28/12
3. Subaward Number:	N/A
4. PPHF Funding Amount:	\$132,974.00
5. Subaward Purpose:	<p>Apartnership #53469 OCT2012 #A WORK PLAN - Initiated detailed work plan. #C MEDIA BUY - Began the formative process of developing the overall media strategy, recommendation and plan for the Asian portion of the media plan. #M CONTRACT MGMT - Coordinated and attended Campaign Kick-off meeting in Atlanta. NOV2012 #A WORK PLAN - Continued development of detailed work plan for campaign 3. #C MEDIA BUY - Presented and revised several versions of a comprehensive Tips2 Asian media plan. After several revisions the Nov 30th plan gained initial approval. Plan included Asian based newspapers in several high Asian population centers in the US. DEC2012 #A WORK PLAN - Continued to update the work plan based on changes in delivery schedules. #C MEDIA BUY - Received final approval on the Asian media buy/strategy. Plan included Asian based newspapers in several high Asian population centers in the US. #M CONTRACT MGMT - Revised documents and prepared presentations for additional approvals and decisions timeline list. Conducted internal team calls in preparation for weekly calls and status updates with OSH. Participated in weekly calls with OSH team.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Conduct Analysis of Quitline Data
4. Recipient Name:	Alere Wellbeing, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$144,000.00
8. Award Number:	200-2012-M-51442
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The Aims of this project are to: 1) determine how the CDC media campaign impacted tobacco user enrollment into state quitlines, 2) determine if the CDC campaign impacted the characteristics of tobacco users reached by state quitline services, and 3) examine short-term quitting behaviors of callers who enrolled during the campaign.</p> <p>We have recruited 23 states to participate in the project, provided the CDC with a detailed description of services offered in these states, created dummy tables to establish the analytic plan, and provided definitions for variables available for analysis.</p> <p>Regular (typically weekly) meetings have been conducted with the CDC to make decisions and review findings. Data has been obtained, merged, and checked for quality assurance. Analyses have been conducted and findings have been delivered to the CDC in the form of tables and figures on the following topics:</p> <ul style="list-style-type: none"> o Describe call volumes to U.S. quitlines during the 2012 CDC Tips from Former Smokers National Tobacco Education Campaign o Examine the number and proportion of callers who made a quit plan (i.e., set a quit date) and/or a quit attempt of at least 24 hours after calling the quitline during the CDC campaign o Examine the number and proportion of callers who quit smoking for at least 7 days after calling the quitline during the CDC campaign o Examine the number of callers who self-reported calling a state quitline because they had seen the 1-800-QUIT-NOW number on a CDC ad <p>In addition, we conducted multivariate analyses examining the impact of estimated exposure to the media campaign (Gross Rating Point data) on intermediate outcomes (setting a quit date, making a quit attempt, being quit for 7 or more days), controlling for individual- and state-level variables and accounting for state variability. These analyses are currently being discussed and finalized to determine the focus for publication.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Research Participation Program in the Division of Viral Hepatitis
4. Recipient Name:	Department of Energy, Oak Ridge Operations Office
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$136,000.00
8. Award Number:	12FED1209578
9. Mechanism / Procurement Type:	Inter/Intra-Agency Agreement (IAA)
10. Summary of Activities:	Oak Ridge Associated Universities recruited and hired 2 Oak Ridge Institute for Science and Education (ORISE) fellows to assist the Division of Viral Hepatitis in a number of activities associated with funding for early identification and linkage to care for persons with chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infections. Specifically, these individuals finalized data dictionary variables for hepatitis B and C data collection, finalized data collection templates, assisted in creating a data management process, assisted the grantees with e-Authentication, assisted in creating a training webinar outline and documents, assisted in defining ECHO variables and collection templates, as well as participated in grantee calls and meetings.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Denver Health and Hospital Authority
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$396,627.00
8. Award Number:	1U51PS003805-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The first section of the summary pertains to the award for Category B, Part 2a, to be implemented at Denver Health's Eastside Health Center, which serves low-income, ethnically and racially diverse populations, and sees over 3000 individuals born between 1945 -1965 each year. The goal for this award is to test 2000 individuals in the "baby boomer" cohort for hepatitis C virus (HCV), complete follow-up HCV testing if indicated, and link all HCV-infected individuals to a primary care provider for evaluation for HCV treatment, starting at least 15% of those who are HCV-infected on treatment. During the reporting period, the following activities were undertaken: 1. A full time patient navigator was hired. The navigator will coordinate HCV screening and follow-up testing, assist with patient education and scheduling of appointments, collect reporting variables and manage the database. 2. Education. Primary care providers received training on new developments in HCV testing and care. 3. Community resources. A contract in in place with Hep C Connection, a local community-based organization, which will provide additional resources for patients with HCV including a support group. 4. Community education. Equipment was purchased to display posters which encourage HCV testing for baby boomers and engagement in care for HCV-infected individuals. We also purchased 100 copies of the book, Living with Hepatitis C: A Survivor's Guide, by Gregory T. Everson, MD, for patients. 5. Data collection. A database for collecting CDC-required variables for all patients screened for HCV was created. The variables will be mapped by the data manager to a flat file which will be uploaded to HepTLC.</p> <p>The second section of the summary pertains to the award for Category B, Part 3, to be implemented in the Denver Metro Health Clinic (DMHC) and through outreach activities conducted by Denver Public Health. The goal for this award is to test 2,000 high-risk individuals, to provide quantitative RNA testing for those with an antibody positive test, and to provide linkage-to-care services and medical referrals for all individuals who test positive. During the reporting period, the following activities occurred: 1. Education. DMHC, outreach, and linkage-to-care staff received refresher training on HCV testing, prevention messaging, and protocol review. 2. Community resources. A contract is in process between Denver Public Health and Hep C Connection. 3. Data collection and management. The CDC-required variables for all patients screened for HCV are currently collected in the clinic's electronic medical record. Required variables are extracted from the medical record by the project coordinator, recorded on the HepTLC template in paper form, and will be entered into HepTLC. A separate database to collect and track variables related to linkage-to-care has also been created. 4. EAuthentication. Identity verification for the PI (Al-Tayyib) and project coordinator (Ginnett) has been received.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	African Services Committee
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003812-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>ASC is building on its extensive experience providing HBV testing to African-born populations to provide testing, counseling, preventative and linkage to care services at multiple sites throughout New York City (NYC). ASC has expanded its current HBV testing program in part by linking with several African-serving community-based organizations. Clients testing HBV (+) are referred for evaluation, treatment and follow-up to Mount Sinai and Bellevue Hospitals in NYC. ASC's patient navigators conduct follow up with patients and providers to ensure culturally-appropriate care.</p> <p>The purpose of ASC's program is to implement a viral hepatitis testing initiative to increase the early identification of persons with HBV, with a focus on medically underserved populations, including populations that are disproportionately affected by chronic HBV. The target population is African-born persons, as well as foreign-born persons from intermediate or high prevalence HBV-endemic countries living in NYC. Services and interventions include: 1) The expansion of hepatitis B testing through an increase in the number of community screening events that are readily accessible by the target population; 2) Patient counseling on test results, prevention techniques, and referrals to patient navigation services for persons testing HBV-positive; and 3) Vaccination and linkage to care for appropriate patients. ASC staff conduct extensive outreach at African-serving organizations and within ASC's existing programs to provide education on the importance of HBV testing and to recruit persons for testing. Outreach strategies thus far include:</p> <ol style="list-style-type: none"> 1) Community organization-based screening (Senegalese Association, Malian Association, etc) 2) Screenings conducted at mosques, churches and other religious places frequented by high-prevalence communities 3) Partnerships with other organizations conducted outreach/education in high-risk communities (community health fairs, vision screenings, etc) 4) Daily screenings conducted at the on-site testing center at ASC <p>Outcomes during the period from 10/1/12-12/25-12:</p> <ol style="list-style-type: none"> 1) 255 people screened through 10 off-site testing events conducted since 10/1/12 2) 212/255 from intermediate- or high-prevalence countries (as defined by HBV prevalence >2%) 3) 23/212 (10.8%) tested positive for chronic HBV 4) 12/23 HBV(+) individuals have been or are in the process of being linked to care. The remaining 11 individuals have either declined care or are in the process of being contacted for notification of test results and follow up 5) 150/255 individuals have received HBV test results either by mail or by phone (out of 200 contacted thus far) 6) 15 individuals tested HBV negative and non immune started the Hepatitis B vaccination regimen <p>Outreach sites include: the Senegalese National Association, the Malian Association, Gambian Youth Organization, the Murid Islamique Community, Masjid Omar (Bronx, NY), and local taxi garages in West Harlem.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	AIDS Resource Center of Wisconsin
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003814-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	ARCW has hired the 4 positions associated with this cooperative agreement. They are placed in our offices in Kenosha, Madison, Milwaukee and Wausau, Wisconsin. All four staff are currently being trained to provide HCV tests utilizing the rapid test technology. The order for 2,000 rapid HCV tests has been placed. Staff from Orasure technologies has trained all of the staff who will be making an in-kind contribution to this contract. We have received confirmation through the e-verification process and do not anticipate any problems with accessing evaluation web once it goes live. We are field testing all of the required reporting documents and are working with staff to become familiar with them to troubleshoot any problems that may arise. We anticipate to begin providing HCV rapid testing on January 2nd 2013.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Anthony Jordan Health Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003815-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>We at Anthony L. Jordan Health Center have experienced several successes during the initial implementing the CDC Hepatitis Testing Grant. On December 24, we hired a full-time Registered Nurse for testing and a Peer Educator for resident engagement. Having an understanding of the grant and its deliverables, the staff ordered the test kits for each site and literature from the CDC for distribution at each testing location. January 10, the OraSure representative provided training for our new RN and Peer Educator, along with several other individuals. After the training, the staff conducted a tour of the test site facilities in preparation of the January 14 Kickoff event.</p> <p>Although a number of individuals came by our information booth at the Holland street location, only one test was completed. The next day, the focus was on testing at the Kennedy Towers location. Three tests were completed and the staff identified a potential referral to the Hepatitis C Treatment program at Anthony L. Jordan Health Center. On January 17, we continued with testing at our Andrews Tower test site. Completing nine tests, the staff was able to engage the facility's Resident Coordinator to assist in communicating information about Hepatitis C to residents. Currently we have completed thirteen tests, all of which were negative. The collection of data from each test occurs weekly, and processed is accordingly. We are in the process of working with the Department of Health to complete a portion of the required tests.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Asian Health Coalition
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$150,000.00
8. Award Number:	1U51PS003816-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>During the first quarter from Sep 30, 2012 to Dec 31, 2012 of the Time 2 Test (T2T) project, Asian Health Coalition (AHC) executed formal contracts with its project partners from community-based organizations (CBOs) and community health centers (CHCs), conducted training for the AHC hepatitis patient navigator, developed protocols around screenings and linkage-to-care, and conducted 198 hepatitis B (HBV) screenings. EXECUTED CONTRACTS: AHC conducted partner meetings to review project goals, outcomes, partner agency responsibilities, and reporting requirements. 4 agencies have signed MOUs (less than \$5000 each) - Cambodian Association of Illinois, Chinese American Service League (CASL), Ethiopian Community Association of Chicago (ECAC), Hanul Family Alliance (HFA), and Korean American Community Services. In addition, service agreements were executed by 3 community health centers (CHCs) - Asian Human Services, Heartland Health Center, and Mercy Family Health Center. HEPATITIS PATIENT NAVIGATOR TRAINING: AHC staff Divya Gandhi has been assigned to T2T as the hepatitis patient navigator (HPN). In the role, she coordinates screening events and navigate individuals requiring follow-up diagnostic testing and treatment. 2 HPN trainings were held in the 1st quarter under the supervision of the project's medical advisor, Dr. Karen Kim from University of Chicago's Comprehensive Cancer Center. The trainings involve shadowing providers treating at-risk and chronically infected patients, informing the processes AHC is developing for its partners. PROTOCOL AND PROCESS DEVELOPMENT: AHC developed protocols to assure consistent and systematic data collection (including translated consent forms, required participant information). The protocols have been modified as appropriate based on how partner organizations are conducting screenings. In addition, as CDC data variables were finalized in December, some additions and adjustments continue to be made with partners and with the CDC. SCREENING EVENTS and LINKAGE-TO-CARE: 4 screening events were conducted in the first quarter for a total of 198 foreign-born individuals from Asia and Africa: 10 individuals were found to be chronically infected and 70 found susceptible (require vaccine). All chronically infected HBV participants have been notified of their status and the AHC patient navigator is working with partner agencies to provide linkage-to-care for these individuals. AHC is also working with the Chicago Department of Public Health around availability of HBV vaccines for those found susceptible.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Seattle-King County Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003827-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>We are implementing a program in King County, WA to test persons who inject drugs (PWID) for infection with hepatitis C virus (HCV) and link them to care and prevention services. The program consists of a partnership between the grantee Public Health – Seattle & King County (PHSKC), the WA Department of Health (WA DOH), the Hepatitis Education Project (HEP), Evergreen Treatment Services (ETS), and Harborview Medical Center (HMC). HCV testing activities will be conducted at ETS (which provides outpatient opioid substitution therapy) and the PHSKC primary syringe exchange (SE) site and will include rapid HCV antibody testing and prevention counseling, confirmatory testing, provision of confirmatory test results and post-test counseling, and referral to medical care and prevention services. The WA DOH is providing free rapid HCV test kits. HCV testing activities will be conducted by the HEP and ETS staff at ETS and by HMC staff at the PHSKC SE. The Program Director from PHSKC is overseeing planning, implementation and coordination and is collaborating with CDC to monitor and evaluate the program. During the first three months of the funding year, we have undertaken the following activities: 1) Attended the grantee meeting in Atlanta, participated in two grantee conference calls and one online training; 2) Written and finalized sub-contracts with ETS, HEP and HMC to conduct HCV testing activities and collect and enter data in EvaluationWeb at ETS and the PHSKC SE site; 3) In collaboration with ETS and HEP staff, we developed procedures for HCV testing activities at ETS, including procedures for collection of variables for EvaluationWeb; 4) In collaboration with PHSKC SE and HMC staff, we obtained a CLIA waiver and worked to draft procedures for HCV testing activities at the PHSKC SE site, including procedures for collection of variables for EvaluationWeb; and 5) Worked with the PHSKC Communicable Disease Epidemiology Program to draft procedures for case reporting and documentation of 1st medical appointment for HCV care. We originally proposed to conduct HCV testing activities for 10 months and test 1,000 PWID. Due to the holidays it was not feasible to implement testing activities in December. We now plan to start HCV testing activities January 8, 2013 at ETS and later in January at the PHSKC SE.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Damian Family Care Centers, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003828-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	Since initiating this grant on 9/30/12 we have accomplished the following: 1) Project Manager has started implementation of the grant by interviewing and hiring grant allocated staff. Has reviewed DFCC's Electronic Medical Record quality measures for HCV and modified them to accurately collect required data in a flat file format, and ensure that quality standards are established. Training materials have been developed for educating the RN, HCV Care Manager, and the Peer Educators. 2) Hired Registered Nurse who will be responsible for pre-authorization process for treatment, intensive patient teaching, and data collection. 3) Identified HCV Care Manager and have begun training to provide HCV pre-post testing counseling and HCV screening on all patients entering DFCC's community health centers. 4) Identified three (3) peer educators and are in the process of arranging for stipends. Training will commence by February 2013. DFCC has re designed our program and documentation for Hepatitis C testing and provided an in depth training of the HCV Care Manager. Currently we have done 368 Hepatitis C antibody testing from 10/1/2012 thru 12/31/2012. DFCC will continue to Ramp up our efforts to obtain testing on 2000 new patients to meet goals.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A

4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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3. Subaward Number:	N/A
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5. Subaward Purpose:	N/A

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3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
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2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A

4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
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3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	N/A
3. Subaward Number:	N/A
4. PPHF Funding Amount:	N/A
5. Subaward Purpose:	N/A

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Minnesota State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$125,224.00
8. Award Number:	1U51PS003829-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Between October 1 and December 31 2012, 620 new refugees resettled in Minnesota (136 resettled in Hennepin county, 341 in Ramsey county). To date, our eSHARE database shows that for Hennepin and Ramsey county arrivals with a first clinic date between 10/1/2012 and 12/31/2012, 99 have been screened (39 Hennepin, 60 Ramsey); 98 of these were screened for Hepatitis B (HBV); and of the 98 screened for HBV, 7 were HBV+ (3 Hennepin, 4 Ramsey). Due to the lag in screening and data entry, these do not reflect the actual number of refugees tested for Hepatitis B. It is estimated that of the 477 arrivals during this period to Hennepin and Ramsey counties, approximately 95% (453) will be or have already been tested for Hepatitis B, and ~5% (23 refugees) will test positive.</p> <p>Progress to date:</p> <p>October 1 – December 31, 2012</p> <ul style="list-style-type: none"> • During this time, the Project Coordinator (PC) and other project staff at the Minnesota Department of Health (MDH) and Hennepin and Ramsey County health departments met to discuss project expectations and reporting requirements with CDC. • The PC worked with the ITIH Grant Manager to execute grants with Hennepin County Public Health Clinic which outlined clear expectations of grant duties and reporting requirements. St Paul-Ramsey County Public Health Department declined a grant due to the administrative burden for a relatively small amount of grant dollars, but remain committed to working with MDH to ensure strong outcomes for this project. We are also setting up an account for needed transportation to/from clinic referral appointments. • In October, MDH assigned a graduate level student worker to work on database enhancements and a resource directory under the direction of the PC, and in collaboration with the MDH Refugee Health Program (RHP) and Hepatitis Epidemiologists, as well as follow up with providers to whom refugees were referred for follow-up hepatitis care, treatment and/or prevention services to obtain outcome information. In December MDH hired 2 bi-lingual student workers to perform project duties including following up with refugees referred to facilitate follow-up care, and assess and address barriers. • Grantees and clinic partners in Ramsey and Hennepin counties continue to report hepatitis screening results per existing protocols. An assigned a point person at each clinic will work closely with the PC, MDH staff and students to ensure duties are met including coordinating referrals to follow-up care, and reporting referrals to MDH for refugees who initiate screening between October 1, 2012 and September 30, 2013. • Data will be reported via the modified reporting databases per CDC's requirements starting in February 2013. The PC will continue to review data on a quarterly basis and communicate with grantees and project partners regarding any issues or concerns.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of Utah
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$231,090.00
8. Award Number:	1U51PS003830-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Project ECHO at the University of Utah has recruited 9 new sites since October 1, 2012. Of these; two sites are currently completely set up, three are working on setting up their IT, two are waiting for site visits from ECHO staff, and the remaining and working on site permission. The new sites that are now presenting cases are two family medicine residency sites in Cheyenne Wyoming and Salt Lake City. We will also be bringing on our first two Indian Health Services sites in Monument Valley UT and Fort Hall Idaho. We have had a total of 50 case presentations since July 1, 2012. Of the 50 cases presented 25 were newly identified and 25 were following up cases. Each ECHO a site is also beginning to screen their patients for Hepatitis C.</p> <p>Our partnership with the Utah Department of Health and their Category C Screening grant we have screened:</p> <ul style="list-style-type: none"> • Utah State Prison- Draper UT: <ul style="list-style-type: none"> o 543 tested, 81 positive - 14.92% positivity • For Davis County Jail: <ul style="list-style-type: none"> o 737 tested, 58 positive, 7.87% positivity • For Juvenile Justice Service: <ul style="list-style-type: none"> o 132 tested, 0 positive, 0% positivity <p>Project ECHO providers are the linkage to care for those seeking further testing and care.</p> <p>Over the past three months Project ECHO staff has been working with the Utah, Wyoming, Montana, and Nebraska Department of Health on screening and recruitment of new sites. We have begun discussions with the University of Utah EPIC care team (University HealthCare's Electronic Medical Record) about implementing a screening reminder for all those patients fitting the birth co-hort recommendation. This reminder will be instituted across the University of Utah's Healthcare system in the months to come.</p> <p>The ECHO team also attended a one day meeting at the University of New Mexico's ECHO site with other ECHO's from across the West to discuss technical assistance, provider survey questions, joint data platform, and a shared curriculum.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Help/PSI Services Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$192,500.00
8. Award Number:	1U51PS003838-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>January 2013 Summary of Activities:</p> <p>HELP PSI Services Corporation has been awarded a PPHF funded grant for "HCV Testing and Linkage to Care in Settings that provide services to People Who Inject Drugs (PWID)." Our objective is to provide HCV testing and linkage to care for 2000 PWID or other risk factors for Hepatitis C. Our first step in implementing the program was to create a "workflow" with the goal of streamlining data collection, testing and follow-up while maintaining patient confidentiality. An abbreviated version of the workflow is provided here:</p> <ol style="list-style-type: none"> 1. Add client's name to the Excel spreadsheet that has pre-generated unique identifier numbers. 2. Complete the data collection form. 3. Provide Hepatitis C pre-test counseling. 4. Conduct rapid HCV antibody test 5. Deliver results and explain meaning <ol style="list-style-type: none"> a. HCV antibody positive - Discuss the difference between exposure and chronic infection <ol style="list-style-type: none"> i. Call 855-681-8700. Ask call center staff to schedule follow-up in the appropriate clinic and to write "HALT test follow-up" in the reason for the visit. ii. Refer client to phlebotomist for HCV PCR. iii. Document test results and disposition on Excel spreadsheet and data collection form b. HCV antibody negative <ol style="list-style-type: none"> i. Discuss meaning of negative antibody test. ii. Describe the "window period" and the need for periodic repeat testing for as long as there is high risk behavior taking place. iii. Discuss harm reduction and other strategies for staying HCV negative. iv. Offer follow-up in HELP/PSI primary care clinic. v. Document test results and disposition on Excel spreadsheet and data collection form. 6. Excel spreadsheet and Data Collection forms contain protected personal information. Disclosure of the information on these forms is a HIPPA violation and forms need to be closely guarded. Forms should be delivered to staff members in charge of data entry. <p>From September 30, 2012 to December 31, 2012 we have conducted two Hepatitis C testing events at venues outside of our clinics. The first was on December 4th at an outpatient drug treatment center in Manhattan. 23 patients were tested and 4 were positive. Of these, one declined linkage to care, stating that he has an established primary care provider that he will see. Among the other three, follow-up for confirmatory testing was scheduled at our Brooklyn clinic. A second testing event was conducted at a men's homeless shelter in Queens. 18 men were tested; all were negative for Hepatitis C. In addition, all new patients at our Brooklyn and Queens clinics received a Hep C test. From September 30 to December 31 2012, 184 patients were tested in Brooklyn and 20 were positive, 54 were tested in Queens and 14 were positive. These tests were done before the data collection instrument was available. A chart review will be conducted and the data will be added.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Ohio Asian American Health Coalition
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$173,326.00
8. Award Number:	1U51PS003841-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>BFree Columbus report: 1. After receiving the award notice, and approval from funder, a news release was sent out to all community leaders and contacts at both local and government level. Met with Ohio Department Health Director, and Columbus Public Health Commissioner. Columbus Neighborhood Health Center has already contacted the OAAHC. Met with Asian Health Initiative Director, staff members of Initiative. Asian Health Initiative is under Asian American Community Services and Asian-American Community Service Council. 3. As we were waiting for Data variables to be communicated, built relationship with Somalian Community Association of Ohio (SCAO). As these are new relationships, we are moving cautiously to put all paperwork in place prior to starting the actual screenings in foreign born African community. 3. The contract has been drawn to facilitate the Community Health Advocates (CHA's). 4. CHA's are the connection to community. The recruitment of Community Health Advocates is most important. In the Asian Community, the recruitment process has already begun. The big meeting announcement will made on January 16, 2013. The careful selection of CHA's is very important since the community members need respect and trust in these people. 6. We have already presented the program to community. Community Health Advocates are recruiting members for screening. 8. Screening data collection form is attached for your reference. 9. Evaluation forms will be used to collect data. 9. Office Administrative person is on board and ready to process. 10. Marketing person has already created some Somali language specific poster data. It has been a challenge to get Somalian literature in HepB. Need written education material in Somali language. They are the most recent immigrants and we have close to 50,000 population, majority of them face language barrier. We have trained Community Health Advocates and have scheduled the screenings on January 26th, 2013.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Fundacion de Investigacion de Diego
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$170,360.00
8. Award Number:	1U51PS003843-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>As mentioned in our grant application, Puerto Rico (PR) has seroprevalence estimates for Hepatitis C Virus (HCV) infection ranging from 2.6%-6.3%; higher than in the United States (US) (1.6%) and the highest among states with large concentration of Latinos (NY: 1.3% and CA: 2.5%). Similarly to the US, it is estimated that more than half of the HCV infected population in Puerto Rico is not aware of their infection status. Fundacion de Investigacion (FDI) is a private entity located in San Juan, PR dedicated to the screening and treatment of HCV and HIV-HCV patients since 2002. FDI has screened more than 6,000 patients for HCV and has treated and followed more than 4,500 individuals. FDI is regarded as the preferred site for HCV treatment in PR. Eastern Consulting Group (ECG) is a major provider of health care services to low income residents in the Central and East part of PR. ECG provides services to more than 45,000 people including more than 10,000 baby boomers (BB). ECG refers patients to FDI for diagnosis and treatment of Chronic Hepatitis C.</p> <p>The purpose of FDI's program is to notify BB of their HCV infection status by increasing our capacity for HCV testing and post-test counseling. FDI will test 1,500 BB from several ECG clinics in the Central and East part of the Island that are unaware their HCV status. Services and interventions that FDI will provide ECG BB include pre-test counseling and HCV Ab testing. Positive samples for HCV Ab will be confirmed with HCV RNA. BB will be notified of their results and those that test positive will be referred for treatment and preventive services at FDI. Follow up assessments will be conducted to confirm attendance of subjects to their first treatment referral.</p> <p>Since we received our award notification, we have been discussing our strategies for the implementation of the award. Additionally, we went to the Grantee's meeting at the CDC in October and participated in different seminars that help us understand how we can better utilize the resources of the award.</p> <p>At the moment, we have planned to make a first round of visit through the 6 sites of ECG from January 30th till April 26th 2013. From those 6 clinics, the first 3 test sites we have planned to begin the HCV test are: ECG Humacao (Jan. 30th), ECG Juncos (Feb. 3rd) and FMA Caguas (Feb. 11th). We chose those 3 sites because the preliminary data of them show that there's a high prevalence of diabetes in the BB population around those clinics. For that, we are expected to draw an initial amount of \$42,542 (25%) from the award to pay for the HCV laboratories, nurse, doctor, ancillary and administrative staff that is going to be working with the logistics and testing of the BB population in those clinics. Eventually, we planned to make 4 round of testing through all the participating clinics. We expect to finish all the testing rounds by late October or early November.</p>

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Tarzana Treatment Centers, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$299,999.00
8. Award Number:	1U51PS003847-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	Tarzana Treatment Centers, Inc. (TTC), will provide hepatitis C testing, care, treatment and preventive services in the San Fernando and Santa Clarita valleys of Los Angeles County. The services will target adult persons who inject drugs (PWID), including some 6,753 such individuals who are currently reached and served by TTC. Individuals in this at-risk population are not routinely tested in accordance with CDC Guidelines and will benefit from early detection and appropriate healthcare services for hepatitis C. TTC's goals are: 1) to increase the proportion of PWID in SPA 2 living with

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Downeast AIDs Network Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003854-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	Attended DHHS grantee retreat; drafted and issued subcontracts to proposed subawardees; organized and held subawardee retreat to align expectations and provide training in the intervention covering HCV, HCV prevention, HCV testing, HCV treatment, and available resources; guided subawardees through program development and contract issues; designed relevant forms for tracking and evaluating implementation; held meetings and teleconferences with subgrantees to coordinate implementation; investigated local resources to facilitate receipt of RNA test and linkage to care

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Portland, Department of Health and Human Services
2. Subaward Date:	10/1/2012
3. Subaward Number:	1U51PS003854-01
4. PPHF Funding Amount:	\$28,372.49
5. Subaward Purpose:	Began testing on PPHF subcontract; Tested 41 people in December of 2012, returned roughly 14 antibody positive tests; Developing system for coordination of RNA testing and linkage to care; negotiating relationship with Maine Adult Viral Hepatitis Program.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Penobscot Community Health Center / Eastern Maine AIDS Network
2. Subaward Date:	10/1/2012
3. Subaward Number:	1U51PS003854-01
4. PPHF Funding Amount:	\$26,086.58
5. Subaward Purpose:	Developed and unrolled testing system to maximize receipt of RNA test beyond initial anti-HCV test; coordinated with local clinic to facilitate receipt of RNA test; conducted 12 anti-HCV tests among injection drug users, yielding 1 RNA positive.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	National Nursing Centers Consortium
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$180,000.00
8. Award Number:	1U51PS003873-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>During the first reporting period, National Nursing Centers Consortium (NNCC) primarily did the upfront work to develop organize and implement the Philadelphia HCV Testing Project. NNCC approached project partners to create a steering committee. They also awarded subcontracts to Public Health Management Corporation (PHMC) and Hepatitis Treatment, Research and Education Center (HepTREC) for \$87,600 and \$12,080, respectively. PHMC runs 5 health centers that will screen for HCV and HepTREC is a consultant group for clinic trainings. NNCC, PHMC and HepTREC met with the Philadelphia Department of Public Health (PDPH) and Philadelphia Hepatitis Outreach Project (P-HOP) in the first steering committee to discuss project expectations and requirements. The steering committee also approved the project's standard of care and a decision-aide to help determine which patients are eligible for HCV screening. Patients flagged are offered an HCV antibody test and the provider performs pre-test counseling to educate that patient why they should be tested. Later, the patient is notified of their HCV antibody status. Post-test counseling is performed on all patients with a positive HCV antibody test and negative test but the patient still exhibits high-risk behavior. The latter classified as current or recent injection drug use. Anyone with a positive antibody test will see the RN Care Coordinator, who will get risk information, develop risk reduction plans and administer HAV/HBV vaccines, if necessary. Patients will see an on-site behavioral health consultant (BHC) for substance abuse and behavioral health screening who will refer to specialist services, if necessary. The clinic social worker will help HCV antibody positive uninsured patients obtain Medicaid coverage. Quantitative HCV RNA Real-Time PCR labs are performed as the confirmatory tests. If reactive, the provider will explain the test results, perform additional post-test counseling and refer the patient to a specialist for medical evaluation for HCV treatment. The RN Care Coordinator will support the patient during HCV treatment. Private labs submitted competitive bids for the HCV tests of uninsured patients, 300 rapid HCV antibody test kits were obtained from PDPH and 100 were ordered from OraSure Technologies Inc. Project templates were loaded into the clinic electronic medical record (EMR) to meet reporting needs and automatic prompts activated to flag patients that fall within birth year cohort.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Public Health Management Corporation
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U51PS003873-01
4. PPHF Funding Amount:	\$87,600.00
5. Subaward Purpose:	<p>Public Health Management Corporation (PHMC) was subcontracted by NNCC to for \$87,600. PHMC's scopes of work includes performing the 2000 HCV antibody tests and provide follow-up care coordination, which includes conducting confirmatory testing, post-test counseling, obtaining necessary risk data, HAV/HBV vaccinations, disease management and care navigation. Health center staff underwent education sessions about Hepatitis C etiology, prevalence and importance of increased screening by HepTREC. The project coordinator performed trainings specific to the HCV testing project, instructions about post-test counseling, project reporting requirements and how to document patient care in the EMR. A behavioral health and substance abuse screened aid was developed by a behavioral health consultant (BHC) and project coordinator for RN Care Coordinators that do not have BHC on-site to use. Each of the on-site health center labs updated their list for CLIA-waived labs to include the OraQuick HCV Rapid Antibody test after training on use of the test. Issues of billing were addressed including: how to document rapid tests on medical encounters, bloodwork for uninsured patients, insurance process for uninsured patients and screening and treatment protocol for uninsurable patients. RN Care Coordinators started specialized trainings on Hepatitis C, treatment and patient readiness to start treatment. The project coordinator worked with clinical directors from the five FQHCs to create a program implementation plan tailored to each health center and trained staff on the finalized screening protocol and documentation in the EMR. One of the PHMC health centers formally began HCV screening. That clinic screened 24 baby-boomer patients using the HCV antibody EIA. All antibody tests were negative. Early problems experienced included the need to contact patients that do not engage in high-risk behavior with negative test results. Rapid tests are the preferred method of screening, but are twice as expensive as the negotiated antibody lab price and insurance does not cover the rapid HCV antibody test. Therefore, clinics are using the conventional blood-draw in most cases. This problem was addressed with the project officer and resolved: health centers will contact only for patients that require post-test counseling. Another problem included performing a Hepatitis C screening during a family planning visit. For billing purposes, the health center generates a separate medical encounter if a HCV antibody EIA is ordered during a family planning visit; but CPT codes to identify HCV screening cannot be a primary diagnosis on a medical encounter.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	St. Joseph's Hospital
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$249,474.00
8. Award Number:	1U51PS003880-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The goal of the HCVNET Arizona telementoring network is to provide Hepatitis C treatment training and support to primary care providers in underserved urban and rural communities in Arizona, thereby building HCV treatment capacity. Since awarded funding under Category B, part 2(b) of PPHF 2012 Viral Hepatitis, Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infection on October 1, 2012, we have conducted weekly 1 hour HCV telementoring didactic sessions with 10 clinic sites across Northern Arizona. Clinic locations include Flagstaff, Winslow, Kingman, Bullhead City, Springerville, Showlow, Grand Canyon, Ashfork, St Johns, and Holbrook, Arizona. Three separate comprehensive training sessions were conducted for providers during the months of October and November. Eighteen providers are currently participating in the weekly teleconferencing sessions. CME credit on a per hour basis has been approved by St Joseph's Hospital and Medical Center, which is accredited by the ACCME. To date, thirty-one patients have been evaluated and presented during the weekly telementoring sessions, with ten patients initiating HCV anti-viral therapy. An additional 7 patients are scheduled to start treatment January 11, utilizing a synchronous start cohort approach across all clinics; this group will be our third synchronous cohort treatment start since funded. Additional sites in the process of being established include three Maricopa Integrated Healthcare clinics in the Phoenix metropolitan area, Tuba City Regional Healthcare Corporation on the Navajo/Hopi Reservation, Copper Queen Community Hospital in Bisbee, Payson Regional Medical Center in Payson, and selected private practice providers in Yuma and Tucson. Initial site visits and a program overview were done, and on site comprehensive training sessions are planned for each location in the near future. A meeting was held in Albuquerque, New Mexico, with Dr Sanjeev Arora and the Project ECHO team in early December. The Western States Project ECHO Consortium was formed, to include our program, University of New Mexico, University of Washington, and the University of Utah with the intent to develop shared training and treatment protocols and data collection methods, including "health", the HCV database currently in use by Dr Arora's team in New Mexico. Monthly meetings are continuing. Data surrounding provider learning and satisfaction is currently being collected, along with data for patients screened and treated while we await the final information which will be required by the CDC. Once CDC has finalized the variables for collection, we will obtain any missing information by retrospective chart review. Our grant funding supports the purchase of teleconferencing equipment; we have received bids and are currently finalizing plans for our dedicated teleconferencing studio. In the interim, we continue to utilize equipment housed on the St Josephs Medical Center campus.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	North Country HealthCare
2. Subaward Date:	10/01/2012
3. Subaward Number:	1U51PS003880-01
4. PPHF Funding Amount:	\$38,480.00
5. Subaward Purpose:	<p>North Country HealthCare provides primary care support to over 30,000 patients at 14 Federally Qualified Clinics in rural northern Arizona with an underserved population and a high prevalence of HCV. In an organized HCV screening effort of their patient population prior to the grant funding period, over 1,000 HCV antibody positive patients were identified. Since awarded funding under Category B, part 2(b) of PPHF 2012 Viral Hepatitis, Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infection on October 1, 2012, North Country Health Care (NCHC) has established and filled an HCV Site Coordinator position, salary support of \$33,280 provided by the award. Responsibilities of the Site Coordinator include overseeing patient screening, evaluation, and data collection for the 10 North Country Healthcare Clinics participating in the project, maintaining data records, and assisting with HCV medication authorization and patient treatment training across all clinic sites. The Site Coordinator completed a comprehensive on site provider training session, and participates in the weekly telementoring sessions. The site coordinator tracks attendance at the sessions for CME purposes. In addition to the Site Coordinator, the award funds 208 hours of support (\$5,200) from the NCHC Telehealth Coordinator (existing position). The Telehealth Coordinator's responsibilities include providing first-line telemedicine hardware/software support for the weekly telementoring sessions which began on October 1, 2012, and will continue throughout the one year grant period. This position provides support for the 10 NCHC clinics participating weekly in the sessions, along with individual site training and staff support surrounding telementoring connectivity.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	San Francisco Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$300,000.00
8. Award Number:	1U51PS003882-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The overarching goal of the Hepatitis B Early Identification and Linkage to Care Project is to test at least 4,000 foreign-born individuals (the majority of whom are Asian/Pacific Islanders) to ensure that they know their hepatitis B (HBV) status and to link to care anyone who tests positive for HBV infection. HBV testing and linkage to care for those identified as being chronically infected with HBV will be accomplished through an established and innovative partnership between the San Francisco Hep B Free Campaign (SFHBF) and the San Francisco Department of Public Health (SFDPH). To increase the capacity for HBV testing, SFHBF will facilitate and coordinate at least 2,000 free tests at established, convenient community locations, ensure appropriate follow-up activities for all positives, and collect standardized data for analysis and reporting to the CDC. SFDPH will test at least 2,000 patients in our extensive community clinic network, provide appropriate care to positives, conduct data analysis, create reports for all who test positive, assist with linkage to care activities from free community sites as needed, and submit all data to CDC on a regular basis. It is a mutually beneficial partnership that has outcomes of better knowledge and treatment for HBV in the San Francisco community.</p> <p>During this first reporting period, 09/30/12-12/31/12, the SFDPH has hosted over 10 meetings with all of its testing and linkage to care partners to develop each sites testing, linkage to care, and reporting protocols and to draft and finalize the data collection instrument which includes the CDC's required data variables for reporting purposes. Throughout this period, SFDPH has been testing patients within the comprehensive Community Health Network (CHN) primary care network sites and providing appropriate care to positives. The Project Director and/or Project Staff have attended all CDC-convened meetings, including attending the CDC's project orientation meeting in Atlanta on October 22-23, 2012. In addition, SFDPH project staff built a Microsoft Access user interface to assist all of the testing sites in accurately entering project data, which includes a simple-to-use query by which to extract the data for SFDPH in .csv format. The database interface's appearance mimics the paper data collection forms, facilitating ease of data entry. In addition, a SAS program was written to combine each site's dataset into one and to format it to align with CDC's specifications.</p> <p>Please note that the SFDPH has not drawn down 25% of our award by 12/31/12, due to the fact that we are in the midst of our Board Accept and Expend process. Therefore, we cannot obtain funds from the CDC grant payment system until the process is completed in 2013. We have requested Board approval to accept and expend these funds retroactive to September 30, 2012. In the meantime, the SFDPH has been implementing all grant activities throughout the period 09/30/12-12/31/12.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Multnomah County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003887-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Multnomah County Health Department (MCHD) Communicable Disease Services' (CDS) program is conducting Hepatitis B screening and linkage to care (LTC) for our refugees and immigrants from HBV endemic countries by expanding HBV screening and LTC for newly arrived refugees; and starting a community-based outreach/referral model for other persons. Our goals are to increase the proportion of persons from HBV-endemic regions who are aware of their HBV status and who, if testing positive, receive prevention counseling and linkage to care. Expanded testing for newly arrived refugees was initiated in late October, 2012 (N=78 screened thru 12/20/12), and the CDS Clinic voucher referral system was in place by November 2012 (see below). From Sept 30, 2012 (start of grant funding) thru Dec 20, 2012 (end of reporting period), we conducted the following grant-related activities:</p> <p>Objective 1.1: Conduct 1,000 HBV tests to identify chronic HBV-infected persons</p> <ul style="list-style-type: none"> Establish protocols for expanded HBV testing: By Nov 2012, Plans and protocols in place; testing is available at Mid-County & CDS sites Establish voucher program with community partner: By Nov 2012, Planning meetings to determine workflows & documentation; Vouchers to AHSC for free-testing at CDS Clinic Establish QI processes & workflows to assure referral for LTC: Initiated Dec 2012; QI, on-going. Reports per Obj. 1.2 (assure referral); LTC to be added with EvalWeb availability Hire project's Community Health Specialist (CHS): Offer accepted Dec 2012. CHS hired Conduct testing of newly arrived refugees, Mid-County site: Initiated Oct 2012, 78 newly arrived refugees received HBsAg/HBcAb screening as of 12/20/12; 1 of 78 positive <p>Objective 1.2: >85% of HBV+ persons receive their test results.</p> <ul style="list-style-type: none"> Finalize protocols for providing test results: Dec 2012. CHS has reports of persons screened at Mid County & ORPHEUS access (all +ve cases reported) <p>Objective 1.3: >85% of HBV+ persons have risk factors documented</p> <ul style="list-style-type: none"> Determine appropriate risk factor data to collect in coordination with CDC: Oct 2012. Hepatitis data sources reviewed; Appropriate risk factor data identified in EPIC & ORPHEUS Collect risk factor data through CDS Clinic & RMA screening tests: Nov 2012. SAS program developed to pull, merge, clean, and report HBV risk factor data from existing sources <p>Objective 1.4: >85% of HBV+ persons reported within 6 months</p> <ul style="list-style-type: none"> Ensure data collection, entry, management, submission, and security/confidentiality consistent w/ CDC guidelines: Existing Oregon systems meet CDC & HIPAA requirements. <p>Participate in grant-related support and reporting activities</p> <ul style="list-style-type: none"> Conference call (Prior to funding) CDC Grantee Meeting (Oct 22-23, 2012) Submit PS12-1209 Grantee Data Profile (Nov 2, 2012) Grantee Orientation (Nov 8, 2012) PPHF Recipient Reporting Guidance Webinar (Dec. 12, 2012) Submit HepTLC Technical Assistance Request (Dec. 12, 2012) EvalWeb approvals (Oct 2012; on-going)

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Southern Arizona AIDS Foundation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$155,453.00
8. Award Number:	1U51PS003903-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The Southern Arizona AIDS Foundation (SAAF) received an award effective September 30, 2012 to provide hepatitis C education and rapid testing to people who inject drugs or have a history of injection drug use. The goal of the program is to increase the number of people who become aware of their hepatitis C status, who previously did not know their hepatitis C status, provide education and referrals, and link them to medical care.</p> <p>During this reporting period (09/30/12 – 12/31/12) SAAF conducted start-up activities to ensure rapid program implementation once the CDC finalized the reporting data variables and gave grantees the authorization to begin program delivery. The Director of Prevention Services and Program Manager attended a grantee orientation in October that provided overall initiative goals, reporting requirements, updated hepatitis treatment options, and networking opportunities. SAAF hired a Senior Health Education Specialist and a Health Education Specialist who will conduct the day-to-day program delivery with the target population. SAAF worked with the following local partners to finalize memoranda of agreements and set up testing schedules at their sites: Old Pueblo Community Services, COPE Community Services, CODAC Behavioral Services, La Frontera Arizona, Arizona Department of Corrections, and the Pima County Health Department. Hepatitis education and testing services will be provided at all these locations. A MOA was also finalized with El Rio Community Health Center who will receive referrals for medical management of clients who test antibody positive and are interested in exploring their treatment options.</p> <p>The CDC authorized agencies to begin service delivery on December 1, 2012. SAAF provided the following services during the first couple of weeks of program delivery: Hepatitis education to all department staff and to two groups of residents at Old Pueblo Community Services, and rapid testing at Old Pueblo Community Services and the Salvation Army. A total of 32 tests have been conducted to date.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

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1. Subaward Recipient Name:	N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
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4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]
5. Subaward Purpose:	[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

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2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
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2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).]
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.]
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.]

5. Subaward
Purpose:

[Include a brief summary of how funds were used by the sub-recipient during the reporting period (3,000 character limit).]

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Virginia State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$167,344.00
8. Award Number:	1U51PS003904-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Program activities for this interim progress report cover three months of activities, the period of September 30, 2012 through December 20, 2012. Injecting drug use is the principle mode of transmission of hepatitis C virus (HCV); up to 90% of persons who inject drugs are infected with HCV. In addition, more than 50% of those who have chronic HCV are unaware of their infection. The Division of Disease Prevention (DDP) is implementing activities under this funding opportunity to enhance capacity for ensuring that clients with a positive HCV antibody test will receive an HCV ribonucleic acid test to confirm their result, and to increase the number of persons who are aware of their HCV status. These activities will be provided in collaboration with drug treatment centers in several areas of Virginia. Follow up with the three agencies that provided letters of support has occurred and they are still interested in collaborating with DDP on this project. A fourth organization has also expressed interest in the project. DDP is going through the procurement process to establish Memorandums of Agreement with these organizations. HCV enzyme immunoassay (EIA) tests will be offered to those clients in the aforementioned risk population who are unaware of their HCV status, either using a point-of-care HCV rapid antibody test or a conventional serum sample tested through Laboratory Corporation of America (LabCorp). DDP will utilize the state contract with Lab Corp to provide testing for both HCV EIA (screening) and HCV Polymerase Chain Reaction (confirmatory). LabCorp is developing a customized laboratory slip to be used with the clients tested through this project. DDP has also completed internal procurement processes to purchase rapid HCV test kits and controls from OraSure Technologies, Inc. A rapid testing Quality Assurance Manual is in the final development phase and includes the test procedure, and procedures for quality control and temperature monitoring. Dates are being finalized for a OraSure representative to train Central Office staff who will function as trainers to the participating test sites.</p> <p>In order to begin building capacity to improve the collection, completeness and quality of data, DDP has developed a testing flow diagram that illustrates the algorithm for testing, follow up and linkage to care and includes documentation and data flow.</p> <p>A new Viral Hepatitis Prevention Coordinator was hired in December and is coordinating all program activities. Additionally, the approval process for hiring data entry and social worker staff was completed.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Durham County Health Department
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$199,146.00
8. Award Number:	1U51PS003908-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Objectives/activities undertaken in reporting period (through 12/20/12.) Objective: Conduct 2,000 HCV tests to identify chronic HCV-infected persons. Activities: Policies and procedures for integration of HCV testing at the Durham County Dept of Public Health (DCoDPH) STD Clinic and Health Education Programs effective 11/19/12 and 11/20/12, respectively. Policy and procedure for OraQuick rapid testing effective 12/17/12 after 11/2/12 training. MOU with Lincoln Healthcare for Homeless activated upon funding notification. HepTLC Coordinator hired 12/12/12. Database for CDC reporting and DCoDPH tracking being developed. Testing of target populations began 12/10/12 after release of project variables. At end of reporting period, 75 individuals tested for HCV (19 in STD Clinic, 66 in Detention Center.) Ten positive results (4 in Clinic, 6 in DC.) Objective: Obtain risk factor data for at least 85% of persons tested. Activities: Existing risk factor Self Assessment Form revised for DCoDPH testing sites and printed in English and Spanish. Homeless Clinic developed similar form. Risk factor data being recorded manually, as requested by the CDC, until web-based system is ready. At end of reporting period, risk factors collected for 100% of people tested. Objective: Report at least 85% of cases for surveillance within 6 mos. of diagnosis. Activity: Coordinator has set up system with appropriate staff at DCoDPH for surveillance reporting. Objective: Test a minimum of 85% of persons found to be HCV antibody positive for HCV RNA within 6 mos. of diagnosis. Activities: Policy for collection/transport of specimens to UNC-CH Clinical Lab for HCV antibody testing with reflex RNA effective 11/12/12. During reporting period, 100% of HCV antibody positive samples tested for HCV RNA. HCV test results provided to testing sites as results received. HCV antibody and RNA results being recorded manually until web-based system is ready. Objective: Notify a minimum 85% of persons who test positive for HCV infection. Activities: Policies and procedures for notification of HCV infected persons effective 11/12. Number of persons notified and reasons not notified being recorded manually until web-based system is ready. Objective: Provide post-test counseling for a minimum 75% who test positive for HCV infection. Activities: HCV post-test counseling script developed for all sites. Training provided on HCV education/counseling provided to DCoDPH and Lincoln staff 10/31/12. Number of persons post-test counseled being recorded manually until web-based system is ready. Objective: Link a minimum 75% of person who test positive for HCV RNA to care, treatment, and preventive services. Activities: DCoDPH policies and procedures for Hep C bridge counseling effective 11/19/12. Referral card for post-test counseling/linkage to care developed. Meetings with HCV care providers at Duke Hepatology and UNC Infectious Diseases held 11/9/12 and 12/5/12 to coordinate linkage to care.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Emory University
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$176,541.00
8. Award Number:	1U51PS003909-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>TILT-C Activities 9/30/2012-12/31/2012</p> <p>Staffing A full-time project coordinator (Brandi Park, MPH) was hired. Doctors Miller, Fluker, Lundberg and Spaulding have all commenced project activities and all project staff have participated in 2 TILT-C staff meetings.</p> <p>Project Activities All 137 residents participating in TILT-C have received an email outlining the TILT-C project and their roles as hepatitis C screeners. They also have received educational resources related to the CDC's birth cohort screening recommendation. Drs. Miller, Fluker and Lundberg have conducted one-on-one sessions with 99 of the 137 residents, educating them on the rationale behind birth cohort screening, highlighting the goals of TILT-C, and performing an electronic medical record progress note intervention. During this intervention, a hepatitis C screening prompt ("dotphrase") was added to each resident's electronic progress note template. In addition, Emory General Medicine faculty, who supervise the residents, received an email notification as well as a live announcement introducing TILT-C and encouraging their support of hepatitis C screening efforts in the Grady Primary Care Center (PCC). An email was also sent to faculty with faculty practices in the PCC, encouraging hepatitis C screening and TILT-C "dotphrase" use in their practices. Posters from the CDC's "Know More Hepatitis" campaign have been placed in all waiting rooms and patient triage rooms in the PCC. An educational session for PCC nursing staff around hepatitis C, birth cohort screening and TILT-C was also developed and scheduled for 1/22/2013.</p> <p>Residents have begun "dotphrase" use and birth cohort hepatitis C screening in the PCC. The project coordinator has begun chart review, data abstraction and linkage activities. By 12/31/2012, as a result of TILT-C, 350 PCC patients in the 1945-1965 birth cohort had been screened, 20 (5.7%) had a positive hepatitis C antibody test, and those patients who screened positive had an HCV RNA test ordered. By the end of the reporting period, 8 of these patients were both notified of their results and linked to a Grady Liver Clinic education session and physician visit scheduled for 1/10/2013.</p> <p>Community Partnership Dr. Miller has visited TILT-C community partner Atlanta Harm Reduction Coalition, and a harm reduction training session was scheduled for 1/10/2013 for the entire TILT-C staff.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Family and Medical Counseling Service, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003913-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Family and Medical Counseling Service, Inc. (FMCS) is funded to implement a high-quality targeted HCV testing program targeting Black/African American men and women in the District of Columbia. The comprehensive program will utilize the OraQuick Rapid HCV Antibody Test and provide immediate access to confirmatory testing and linkage to care and preventive services for persons with preliminary reactive test results and prevention education for high-risk HCV negative individuals. Our project utilizes a targeted voluntary HCV counseling and testing strategy in both clinical and non-clinical community sites. Our comprehensive program has two key components: 1) in-reach to clients receiving substance use treatment at our clinical facility; 2) mobile community outreach and testing services at targeted sites in the target area known to be frequented by IDUs.</p> <p>FMCS initiated program activities in October 2012, immediately following the new grantee orientation in Atlanta, GA. At the direction of CDC, we did not initiate testing during the month of November 2012. Instead we focused our efforts on staff recruitment, protocol development and training. The project was fully staffed by the end of November. Several key activities were accomplished during the month of December, 2012 including: the expansion of our CLIA waiver to include the HCV Antibody test; the purchase of HCV test kits computer and other supplies; identification of community sites appropriate for HCV screening; refinement of our linkage to care processes; and training of project staff on the test administration and data collection.</p> <p>Finally, a substantial amount of time was spent developing our data collection tool in our Electronic Medical Record (EMR). Since 2008, we have used an EMR to capture client level data. For the project our Health Information Manager created a template that mirrors the required format. Our staff received twelve hours of training and hands-on instruction on the use of the template. When we begin testing in January 2013, we will be able to extract data from our EMR and upload that data to the required data base.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	Fund for Public Health in New York, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$299,992.00
8. Award Number:	1U51PS003917-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Upon receipt of preliminary notice of award dated September 21, 2012, we held a meeting with our subcontractors to initiate discussions of program implementation, including a timeline. We also made contact with a community health center in Coney Island, where we are interested in focusing our outreach efforts, and met them to discuss a formal linkage agreement. This will provide an additional referral source in addition to the existing Check Hep C clinics in case a participant did not want to leave the neighborhood for care. They also have Russian-speaking staff and drug counseling and treatment services to aid in our efforts to retain participants who are diagnosed with chronic hepatitis C.</p> <p>Eric Rude, the Viral Hepatitis Prevention Coordinator, attended the Grantee Orientation Meeting in Atlanta on October 22 and 23, in the place of Ashly Jordan, the Check Hep C Program Manager due to a scheduling conflict. Upon return, the Check Hep C team reviewed the slides from the presentations given at the meeting, in particular the information about data collection because at that time we were planning on provide uploads of data from our existing data collection system during the project.</p> <p>We participated in the two grantee conference calls and awaited receipt of the data dictionary. In the meantime, Ms. Jordan completed the Electronic Authentication and Identity Proofing process required to register with the HepTLC online data collection system.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Harlem United
2. Subaward Date:	01/07/2013
3. Subaward Number:	93.736
4. PPHF Funding Amount:	\$40,020.00
5. Subaward Purpose:	As of December 31, 2012 the subcontract had not yet been executed. The scope of services includes performing 3,000 HCV rapid antibody tests to patients with a history of injection drug use who do not know their status. We anticipate work starting shortly.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	VOCAL-NY
2. Subaward Date:	01/07/2013
3. Subaward Number:	93.736
4. PPHF Funding Amount:	\$31,000.00
5. Subaward Purpose:	As of December 31, 2012 the subcontract had not been executed. The scope of services includes hiring a part-time patient navigator to oversee linkage to care for all of the chronic hepatitis C cases throughout the project period. We anticipate work starting shortly.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of Texas Health Science Center at San Antonio
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$199,946.00
8. Award Number:	1U51PS003918-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Our hospital-based HCV baby boomer screening and linkage to care implementation program in San Antonio has six components. We have initiated or completed work on all six components. First, we have met personally and/or held presentations about the new CDC HCV testing guidelines and our screening/linkage to care program for University Health System (UHS) administrators, UHS nursing leadership, and leadership of physicians of the University of Texas Health Science Center San Antonio (UTHSCSA) who serve as UHS hospital staff. Second, we have worked intensively with the UHS information technology team to develop automated electronic medical record (EMR) screens to identify individuals who are being admitted to UHS born from 1/1945-12/65 and to review all UHS records for a prior HCV test or diagnosis. A program then puts an automatic order in the EMR for our special HCV screening protocol (see below). One challenge at this step has been a new order entry system that is being phased in and requires the development of an educational program before this new HCV order can be placed. We have also developed and integrated a question into the nursing intake questions on the EMR to offer patients a chance to opt out. We have developed ExitCare documents to provide patients with the results of their tests. Daily lists of admitted patients are being generated to help our team track the status of testing of all admitted baby boomers. Third, we have developed large laminated posters about HCV screening of baby boomers and posted them hospital-wide to inform patients about the program. Fourth, we have initiated HCV antibody (Ab) screening per agreement with the UHS laboratory with an HCV antibody test for eligible patients followed by HCV RNA for positives (using the same special tube). This testing is estimated to cost the laboratory an additional \$50,000 and required special dispensation from the administrators to initiate the program. Currently, we have tested 80 patients and 52 patients have opted out. Fifth, we have developed a culturally appropriate, web-based, educational program about HCV on a mobile app as well as a personalized counseling program from a Counselor/Project Coordinator for patients who have been newly diagnosed with chronic HCV. Currently, we have counseled all 12 newly diagnosed patients. We have implemented processes to link these patients to follow-up care: the Project Coordinator schedules follow-up care with the usual source of care and provides information for their provider. She also schedules follow-up care with either of two hepatology clinics. A Patient Navigator contacts patients after discharge to help newly diagnosed patients insure that they successfully access primary care for ongoing monitoring and HCV specialty care for assessment and evaluation for anti-HCV therapy. We expect to have the EMR issues with the automatic ordering of the HCV screen resolved shortly and will be testing approximately 5 to 10 patients daily.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University Health System
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U51PS003918-01
4. PPHF Funding Amount:	\$52,102.00
5. Subaward Purpose:	<p>This subaward's purpose is to provide personnel support, support services and data. Personnel support includes the PI, Co-Investigator, Statistician and Patient Navigators. The PI will ensure that all subcontract agreements are met including monthly, semiannual and annual data reporting, co-Investigator/ Project Director will supervise IT support and Patient Navigators, Statistician will extract data needed for reporting, and Patient Navigators will follow-up with HCV + patients to promote attendance to primary care and HCV specialty follow-up care, address barriers to assessment for HCV treatment in collaboration with the hepatology clinic to facilitate follow-up and then initiation of needed therapy.</p> <p>Support Services, specifically information technology (IT) support, will develop an EMR query to identify eligible patients to screen for HCV from admissions based on inclusion and exclusion criteria. Inclusion includes those born from 1945-1965, exclusion includes those who have been screened for HCV or are HCV +. IT Support will also identify, develop module to search HCV history, testing and diagnosis, order HCV Antibody for those who meet criteria, order HCV RNA for those who test + for HCV Antibody, extract HCV screening and notification data and develop query to see if test was ordered for all birth cohort patients. This subcontract will also provide data to meet CDC reporting requirements regarding patient testing and notification as outlined in Exhibit C on a monthly, semi-annual and annual basis</p> <p>As of 01/16/2013, activities that have been completed include development of a screen in the EMR to identify those who have been previously diagnosed and exclude these individuals from this study. An automatic order has been made for those eligible baby boomers who have never been previously tested. Additionally, an opt out question has been made to be asked at intake by the admitting nurse. A daily list of baby boomers admitted by eligibility status has also been created.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of Illinois at Chicago
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$147,919.00
8. Award Number:	1U51PS003922-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The reporting period is September 30, 2012 (grant awarded) through December 31st, 2012. The entire contract is executed within the University of Illinois at Chicago. As such, there are no sub-contracts/sub-awards.</p> <p>The goals of the program are to 1) provide hepatitis C (HCV) antibody testing to 1,000 persons who inject drugs (PWID), 2) perform HCV virus (RNA) detection testing to determine the presence of chronic HCV infection among those who test positive for HCV antibodies, 3) develop an HCV-focused intensive case management program and implement it for participants who have chronic HCV infection, 4) link participants in the case management program to HCV medical care. The program is being carried out at three community locations of the Community Outreach Intervention Projects (COIP), and using a mobile van to access PWID in locales throughout metropolitan Chicago. Our specific objectives are to 1) provide HCV antibody testing using a rapid oral test to 1,000 PWID and HCV RNA detection testing to determine chronic infection status among the estimated 600 who are expected to be HCV antibody-positive. Of those with chronic HCV infection who consent and receive HCV RNA testing (estimated n=369), we will provide an initial focused intensive HCV case management visit where linkage to care options for preventive services and medical treatment with providers are initiated. Of these, we propose that 75% (n=277) will attend a second case management visit and be linked to preventive service and a medical care provider during the program period of one year. In addition, all HCV antibody-negative PWID who are high-risk will also receive harm reduction services and referral services to lessen their chances for future HCV infection.</p> <p>The following program activities have been performed towards implementing the above stated program goals and objectives:</p> <ol style="list-style-type: none"> 1) The field implementation protocol for the entire program has been developed. 2) The data collection instruments have been developed and have been piloted in the field. 3) Two full-time HCV Counselors/Case Managers have been hired. 4) The HCV antibody rapid testing kits have been ordered and all staff members have received training on how to use. 5) The HCV Counselors/Case Managers have attended two certified trainings on HCV counseling and case management specifically tailored for PWID. These were performed by HCV experts at the University of Illinois at Chicago and the Chicago Department of Public Health. 6) The Program Manager has established direct collaborations with several health care providers in the community to facilitate ease of linking program participants into medical care. 7) At the end of December, the program was ready for implementation in the field—with January 7th being the initial date slated for HCV testing of clients.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of California-San Diego
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$835,041.00
8. Award Number:	1U51PS003924-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Since the start of the grant we have screened 100 patients for HBV under Cat A. These screens have occurred primarily at Operation Samahan in Mira Mesa in conjunction with the Asian Pacific Health Foundation. We are in the process of hiring an additional test/counselor who will primarily focus on HBV testing under part A.</p> <p>We have screened 794 patients for HCV under part 2a at Family Health Centers of San Diego (FHCS) during their Tuesday and Thursday night and at UCSD Antiviral Research Center (AVRC) associated testing venues. We are also working to hire a full-time phlebotomist as detailed in subaward for FHCS. Additional testing will commence in the next months at FHCS's needle exchange programs using the UCSD AVRC mobile testing van.</p> <p>Additionally, we have met with FHCS several times to set up logistics of testing and connection to care through Dr. Ramers at FHCS versus referral to UCSD as needed. We are also actively working on completing a subaward to FHCS allowing them to hire a full-time phlebotomist dedicated to the CDC project. We anticipate that this person will be able to screen 200-250 patients/month at FHCS's various testing sites allowing us to reach our goal of 4,000 persons screened under part 2a. The incumbent will be a certified HIV and HCV test counselor and receive supplemental training at the UCSD AVRC. FHCS is already participating in monthly in-person or telephone conference call meetings with UCSD to discuss progress and/or barriers. These joint meeting occur on the third Friday of every month.</p> <p>We have screened 24 participants under part 3. These screens have occurred primarily at Operation Samahan's National City site. We are going to begin screening at Vista Community Clinic's Vale Terrace site within the next month. Despite the compressed timeline for the entire project we feel the number of testers and unique sites will allow us to test a large number of persons under each part of the grant in the coming 9 months.</p> <p>Programmatic progress, in addition to the testing details noted above, include the hiring of a full time case manager/program coordinator and modifications of the established AVRC test tracking database to facilitate flat file reporting to the CDC. Frank Saragosa was hired as a full time case manager/program coordinator for the UCSD CDC project. He is responsible for case management for positives identified in the program. He has extensive ties to the Community Health Centers and San Diego County testing programs.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	The HIV Education and Prevention Project of Alameda
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003932-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The HIV Education and Prevention Project of Alameda County (HEPPAC) will be launching the HCV Seek/Test/Link Project in January of 2013. This Project is a collaborative, multi-faceted intervention in which high-risk persons who inject drugs (PWID) in Alameda County, California receive HCV antibody testing in a range of community locations including HEPPAC's three needle exchange sites, the community clinic located at its Casa Segura drop-in center, and within the three largest methadone clinics in Alameda County. Any individual who test positive for HCV antibodies will receive appropriate support and follow-up services, including linkage to HCV RNA testing and linkage to high-quality care, preventive, and treatment services. The project will provide initial HCV antibody testing to at least 1,000 high-risk PWID over the grant period and provide follow-up HCV viral RNA screening to a minimum of 723 PWID. The program will link a minimum of 87 persons who test positive for HCV RNA to HCV antiviral therapy. As part of this Project, HEPPAC will utilize two key medical partners to deliver follow-up support and treatment to project clients: Alameda County Medical Center (ACMC), the county's public hospital system who will provide treatment to general populations, and East Bay AIDS Center (EBAC), the largest HIV primary care provider in Alameda County which will provide treatment for persons co-infected with HCV and HIV. The first three months of this grant from September 30 to December 31, 2012, were devoted to the planning for the implementation in January 2013. During this planning phase, HEPPAC staff had discussions with each of the three methadone clinics to finalize details of where and when testing will occur, and staff connected with the two medical providers, ACMC and EBAC to discuss protocols around referring clients into these facilities. All clinical and counseling staff received training on running the HCV Rapid Antibody Test from OraSure Technologies. Staff also received training on data collection, the HCV Testing Data Form and current HCV testing options and treatment therapies. HEPPAC staff involved in this project began the eAuthentication Process to gain access to Evaluation Web in order to be able to do data entry into this system when it launches in January of 2013. Finally, HEPPAC staff connected with the Adult Viral Hepatitis Prevention Coordinator at the California Department of Public Health (CDPH) to determine the necessary steps to getting certified HIV testing counselors ready to be able to conduct rapid HCV antibody testing in non-clinical settings. At the beginning of the project clinical staff will be conducting the testing but all non-clinical test counselors are scheduled to receive the required training in February 2013. CDPH recently released the Quality Assurance Guidelines for OraQuick HCV Antibody Testing in Non-Healthcare Settings ensuring that HIV test counselors will be able to conduct Rapid HCV testing.</p>

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1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	HopeHealth Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003934-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>The CDC's PPHF 2012 Viral Hepatitis award to HopeHealth (HH), Inc. on September 21, 2012 has enabled HopeHealth, Inc., to implement a far-reaching project that will hopefully improve health disparities within our region. The purpose of our project is to increase the number of individuals who know their Hepatitis C (HCV) status, and to improve access to care for people infected with HCV. Our target population covers a nine county area and includes, but is not limited to, risk factors such as anyone born between 1945 and 1965; currently or historically an injection drug user (IDU); and/or received a blood transfusion before 1992. Our nine counties cover a rural, impoverished territory making education and outreach a critical component of our efforts. Due to an expansive region, we have partnered with local providers to offer HCV testing at their locations – locations that often serve individuals who may readily meet the risk factors commonly related to HCV.</p> <p>Accomplishments</p> <ul style="list-style-type: none"> • Attended CDC orientation in Atlanta • Ordered 1000 test kits from OraQuick • Completed special conditions and budget revisions per NoA • Internally provided and completed HCV testing training • Completed authentication process for Evaluation Web • Increased HopeHealth's number of certified HCV testers (capacity building) • Generated and increased internal and external discussion and awareness of HCV – to include our community partners and the network of interested community members • Ordered HCV educational material that is appropriate for the possible low educational levels of the target populations and are patient friendly. Developed marketing strategy. • Participated in conference calls as required by CDC • Maintained opened communication and awareness with established testing sites and gatekeepers concerning progress, time frames for implementation, and procedures for counseling, testing, and linkage to care. • Cross trained staff as it relates to co-infections with HIV and HCV, testing procedures, risk reduction counseling, and conveying the importance of this project to clients and the community <p>Challenges:</p> <ul style="list-style-type: none"> • CDC orientation to the grant; certifying HCV testing staff; developing marketing strategies and tools; adapting consent forms and screening tools; establishing procedures; and keeping a communication structure that is open and effective, has been time-consuming and delayed due to scheduling conflicts, awaiting guidance from the CDC, and commitments to other obligations. • Delays in obtaining a CDC data collection tool impacted our date of implementation

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1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	MedStar Research Institute, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	1U51PS003938-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>(1) Goal: 3,000 persons tested Outcomes as of January 11, 2013:</p> <ul style="list-style-type: none"> • 173 tested; 159 resulted • 15 HCV Ab + (9.4%); 3/4 tested HCV RNA positive • 10 appointments made; 4/4 seen <p>(2) CDC Trainings Attended</p> <ul style="list-style-type: none"> • Original coordinator participated in 10/22/12 training. • Participated in every CDC monthly call. • Technical training webinar participation 12/12/12 • TA session with Lisa Carver 12/20/12 <p>(3) Team development:</p> <ul style="list-style-type: none"> • 2 Coordinators hired to share the position; 1 Social Worker hired (12%) to engage patients and insurance issues, and a Data Manager works with us generating patient lists for testing. • Weekly team meetings: updates, feedback and idea generation. • In-service and certification for rapid testing <p>(4) Clinic Testing: Testing primarily the Birth Cohort and only in the Primary Care Clinic (PCC); those who have risk factors also get tested. In-service for the Internal Medicine (IM) faculty on 10/1/12, though we were not able to officially start until after 12/1/12. IM providers started tested after the in-service; we have included 24 patients in the numbers above.</p> <p>(5) Official Start 12/10/12:</p> <ul style="list-style-type: none"> • Report generated weekly for subsequent week: filtered to include patients with: PCC appointments the following week, born 1945-1965, including HCV Ab and RNA if tested previously; the latter are excluded. • We have a shared password protected drive whereby only our team members have access. Our document is password protected and placed on the drive. All other patient information is kept in a locked draw or cabinet in the Coordinator or Pls office. • Anyone found to be previously positive gets linked to HCV appointment. • Electronic popup alerts are placed in the patient's EMR; a script and CDC Baby Boomer handout placed in checkout paperwork. • Coordinators are present at each session for assistance, counseling and linking. • Lab tests are done by Washington Hospital Center, Labcorp and Quest, depending on insurance. Each of these entities report positive HCV RNA tests to the DC DOH on a daily basis. • If requested or labs are not being drawn, rapid testing is available. • Follow up calls for results are often made by the provider, at their request, and a note is placed in the EMR; if not, this is done by the coordinator. • Any patients with positive tests are called and provided expedited appointments with Dr. Fishbein, ID physician, or Liver Clinic. <p>(6) Results (see above, 1)</p> <p>417 patients were identified as being born between 1945 and 1965, without prior HCV or who had previously tested negative; 140 were no shows, 104 were not done. Testing nearly doubled the last week as the: (1) program is fully in effect, (2) holidays are over and (3) Medical Assistants included a bright green flyer in the checkout paperwork to those with a pop-up.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of California Davis Medical Center
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$100,000.00
8. Award Number:	1U51PS003941-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	<p>Our project period began on September 30, 2012; this summary covers the period, September 30, 2012-December 31, 2012. We began the project with a kick off meeting on October 3rd. This meeting was attended by the program director (Ronald Jan, MD), program evaluator (Moon Chen, Jr., Ph.D., M.P.H.), 3 hepatologists (MaryPat Pauly, M.D., Christopher Bowlus, M.D., and Lorenzo Rossaro, MD) and our biostatistician (Susan Stewart, Ph.D.). This meeting covered the implementation of the project, proposed tests, evaluation and outcomes. The required IRB approval was received the study on October 26, 2012. All of our materials are translated into Chinese, Hmong and Vietnamese. The materials include: consent form, eligibility form, intake form, advertising material (flyer, radio announcement script, telephone recruitment script), participant test result letters and lay health work scripts. The following tests are done: Hepatitis B surface antigen, Hepatitis B surface antibody, Total Hepatitis B core antibody, Hepatitis C antibody and Hemoglobin A1C. We also collect data on participants' age, gender, ethnicity, nativity, height, weight, waist circumference, personal medical history and family medical history. We work with community partners to reach out to the different communities. For the Hmong community we are working with the Hmong Women's Heritage Association who help us, translate materials and to host screening events. For the Chinese and Vietnamese community we are working with the University of California, Davis student-run medical clinics. We held kick off meetings with each community group and worked on developing culturally appropriate project materials. In addition, we hosted two Hepatitis B screening events; one for the Vietnamese community and one for the Hmong community. The Vietnamese event was held at the Paul Hom Asian Clinic on December 2, 2012. We had a total of 39 participants at this event and of those screened four tested positive for hepatitis B. The Hmong event was held at Hmong Women's Heritage Association on December 12, 2012. We had a total of 68 participants and of those screened nine tested positive for hepatitis B.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections
4. Recipient Name:	University of Florida
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$200,000.00
8. Award Number:	1U51PS003942-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.736
11. Summary of Activities:	The University of Florida Center for HIV/AIDS Research, Education, and Services (UF CARES) received funding from the CDC for PPHF 2012 Viral Hepatitis, Early Intervention and Linkage to Care for Foreign Born Persons with Chronic Hepatitis B Virus (PS12-1209) to implement the Hepatitis B Awareness and Service Linkage (HBASL) Program for foreign-born nationals (FBN) in Jacksonville, Florida. The program serves to: 1) increase the proportion of persons who are aware of their HBV infection status among populations born in countries with intermediate or high prevalence of HBV infection; and 2) increase the proportion of those persons testing positive for HBV infection (among those tested through the screening project) who receive prevention counseling and are linked to care treatment and prevention services. Program activities undertaken to date include: 1) completing CDC grant orientation; 2) developing program training and implementation protocols; 3) applying for and receiving exemption approval from our internal institutional review board (IRB) to conduct program activities; 4) updating electronic data collection system to facilitate required reporting activities; 5) hiring program staff; 6) receiving final data elements for reporting from the CDC; and 7) acquiring supplies needed for program implementation. Although the HBASL program does not conduct research, the university requires institutional review for exemption status of programs that will collect data for the purpose of program evaluation. The application for exemption could not be submitted without the finalized data dictionary from the CDC indicating the data elements that would be collected as a part of the program. Exemption approval was received from the IRB office on January 4, 2013, with testing activities set to commence on January 15, 2013. Additional staff was hired at UF CARES to facilitate testing, counseling and linkage to care activities for the HBASL program. Hired staff includes a prevention coordinator, outreach coordinator, patient services coordinator, and medical assistants. The prevention coordinator plans and implements clinical and outreach testing activities; the outreach coordinator facilitates electronic data management, reporting, and monitoring for program data; medical assistants assist with testing activities and pre-test counseling program activities; and the patient services coordinator provides post-test counseling and linkage to care for program participants.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Florida Jacksonville Healthcare, Inc. (UFJHI)
2. Subaward Date:	09/30/2012
3. Subaward Number:	1U51PS003942-01
4. PPHF Funding Amount:	\$64,606.00
5. Subaward Purpose:	The University of Florida Center for HIV/AIDS Research, Education, and Services (UF CARES) will be primarily responsible for the implementation of the Hepatitis B Awareness and Service Linkage (HBASL) Program for foreign-born nationals (FBN) in Jacksonville, Florida. UF CARES is a division of University of Florida Jacksonville Healthcare, Inc. (UFJHI), a remote extension of the main campus of the University of Florida. Additional staff was hired at UF CARES to facilitate testing, counseling and linkage to care activities for the HBASL program. Hired staff includes a prevention coordinator, outreach coordinator, patient services coordinator, and medical assistants. The prevention coordinator plans and implements clinical and outreach testing activities; the outreach coordinator facilitates electronic data management, reporting, and monitoring for program data; medical assistants assist with testing activities and pre-test counseling program activities; and the patient services coordinator provides post-test counseling and linkage to care for program participants. The sub award is provided to UFJHI to cover staffing expenses to implement the HBASL program in Jacksonville, FL.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Evaluation of Early Identification and Linkage to Care
4. Recipient Name:	ICF Macro, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$484,442.00
8. Award Number:	200-2009-30981-0016
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>ICF Macro is assisting the Division of Viral Hepatitis (DVH) at the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), evaluate CDC's Funding Opportunity Announcement "Early Identification and Linkage to Care for Persons with Chronic Hepatitis B and C Infections" (hereafter referred as HepTLC) initiative. The goals of the initiative are to increase the number and proportion of 1) persons tested for hepatitis C (HCV) and/or B (HBV) infection, 2) persons with chronic viral hepatitis who are aware of their infection, and 3) persons linked to care, treatment, and prevention services.</p> <p>As part of this initiative, DVH directly funded 35 projects across the United States to conduct HBV and/or HCV testing and linkage to care. Funded sites are required to collect and report data on their testing activities and results to DVH. ICF Macro, working with Luther Consulting, is establishing an instance of Luther's web-based data collection and reporting system (EvaluationWeb) to assist DVH-funded testing sites to comply with their data collection and reporting requirements. EvaluationWeb will be used to collect standardized test-level data in a timely and complete manner, to effectively monitor and evaluate progress made by grantees in meeting goals and objectives of the HepTLC initiatives for program management, improvement and accountability, as well as allow CDC DVH to report on hepatitis prevention efforts and utilize the data for policy and program planning, implementation and evaluation at the national level.</p> <p>During the reporting period, ICF Macro staff developed and disseminated data collection templates, a data dictionary, quick reference guides designed to assist in data collection, and provided technical assistance to agencies preparing to report the HepTLC data into EvaluationWeb.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Luther Consulting, LLC
2. Subaward Date:	09/28/2012
3. Subaward Number:	200-2009-30981-0016
4. PPHF Funding Amount:	\$62,581.00
5. Subaward Purpose:	During the reporting period, the Luther Consulting team presented a demonstration of the EvaluationWeb system (of which ICF Macro licensed an instance for use with HepTLC grantees) at the October grantee orientation, created an instance of EvaluationWeb for the HepTLC variables, drafted and submitted a change request for the EvaluationWeb system, and began to program the file upload and direct data entry screens to enable data reporting by HepTLC grantees.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Technical Review Panel Recording
4. Recipient Name:	Penn, Good, & Associates LLP
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$50,681.00
8. Award Number:	200-2009-30988-0007
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Scope and Purpose</p> <p>Penn Good & Associates, LLC (PennGood) provided coordinated administrative support to facilitate accurate and timely proceedings capture of the Funding Opportunity Announcements (FOAs) of the Center for Disease Control and Prevention (CDC), Extramural Non-Research Unit, Office of the Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). PennGood provided qualified and public health experienced recorders to participate in application reviews for technical and special panels. These individuals recorded the application review dialogue, particularly recommendations and salient comments made by panel members during the course of the review and scoring process. PennGood provided the official record supporting technical and special emphasis review panels for the following:</p> <p>Panel</p> <p>1A PS12-1209PPHF12 August 15, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 1A (Category B, 2a & 2b)</p> <p>2A PS12-1209PPHF12 August 15, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 2A (Category A)</p> <p>3A PS12-1209PPHF12 August 15, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 3A (Category B, Part 1)</p> <p>4A PS12-1209PPHF12 August 15, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 4A (Category A & Category B, Part 2a)</p> <p>1B PS12-1209PPHF12 August 16, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 1B (Category B Part 1)</p> <p>2B PS12-1209PPHF12 August 16, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 2B (Category B Part 1)</p> <p>3B PS12-1209PPHF12 August 16, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 3B (Category B, Part 2a)</p> <p>4B PS12-1209PPHF12 August 16, 2012 PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections – Panel 4B (Category B, Part 2a)</p> <p>Each panel's summary was submitted accurately and timely to CDC as an official record of the panel's deliberations. During this process, PennGood provided professional and accurate edited application summary statements for CDC's FOA process of competitive applications solicited from non-governmental organizations to carry out viral hepatitis prevention program activities. All summaries included application review dialogue and the recommendations, strengths, weakness and salient comments made by panel members for each reviewed application during the scoring process.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Grantee Meeting to Discuss Early Identification and Linkage to Care for Persons with Chronic HBV and HCV Infections Meeting
4. Recipient Name:	Norris Professional Services, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$49,056.00
8. Award Number:	200-2012-F-53139
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	NPS was contracted to provide conference support to include travel support for 40 sponsored participants. Travel support included arranging lodging, airfare and ground transportation. NPS staff provided appropriate directions to the conference venue and hotel to speakers and attendees. NPS staff provided attendee reports as required by the Program Officer (i.e. received an invitation to participate in the conference; indicated they would attend; travel and lodging arrangements confirmed; and whether the attendee participated in the conference). NPS worked closely with the GCC staff to arrange CDC-campus security requirements and provide meeting space and audio-visual equipment for approximately 60 attendees for a 1.5 day meeting (October 22-23, 2012). The meeting space included one large room (General Session) and three rooms for breakout sessions. NPS provided on-site support to assist speakers with presentations, a writer-editor to take important notes and other administrative duties. A summary report was provided to the Program Officer as indicated by the deliverable date. NPS processed reimbursement forms and mailed payments to attendees as required and invoiced CDC accordingly.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	[Enter the subaward recipient name.] N/A
2. Subaward Date:	[Enter the subaward date (MM/DD/YYYY).] N/A
3. Subaward Number:	[Enter the award number listed in row 8 of the "Report Information" section.] N/A
4. PPHF Funding Amount:	[Enter the total subaward amount of PPHF funds.] N/A
5. Subaward Purpose:	N/A

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Workplace Health
3. Award Title:	National Evaluation of Training
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$585,616.00
8. Award Number:	200-2007-22644-0018
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	RTI will collaborate with the training contractor, the CDC project team, and key stakeholders to plan and implement a comprehensive, multilevel comparative evaluation of the Basic Workplace Health Training and Support for Employers of Various Sizes and Industry Sectors (WHT) project. The WHT project aims to determine which training models and other supports are most or least impactful with regards to employer adoption of workplace health programs, policies, and practices that help to reduce chronic disease. Our evaluation of multiple training programs will comparatively assess the implementation and outcomes of four training models and supportive elements to determine their effect on individual, organizational factors that influence the adoption of workplace health programs. RTI's work has been placed on hold until the training implementation contract is finalized.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Workplace Health
3. Award Title:	National Evaluation of Comprehensive Health Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Workplace
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$49,928.00
8. Award Number:	200-2008-27958-0028-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>RTI's award is to conduct the national evaluation of the National Healthy Worksite (NHW) program. RTI will conduct a process and outcome evaluation across all of the participating worksites. The overall evaluation objective is to gather quantitative and qualitative data to assess the effectiveness of NHW activities, as well as the processes involved in establishing worksite health programs. During the July 2012-December 2012 reporting period, we participated in bi-weekly calls with CDC, NHW sub-committee calls, and NHW Steering Committee calls. We prepared for the upcoming evaluation by designing data collection guides and collecting information from the community directors who have been recruiting employers.</p> <p>RTI data collection instrument development and collection activities:</p> <ul style="list-style-type: none"> • Developed community director discussion guide to capture information about employer recruiting, keeping employers engaged until the selection process, and employers' reactions to NHWP training sessions. We conducted discussions with community directors in December. • Developed community director discussion guide to capture information about the selection and assessment processes, and employer perceptions of the NHWP aggregate and employee-level reports. • Drafted questions to use to create employee success stories. • Began working with the COTR to develop a healthy vending options tracking tool. <p>Dissemination activities:</p> <ul style="list-style-type: none"> • RTI team members presented an overview of the NHWP at the American Public Health Association annual meeting in San Francisco. • Worked with the COTR to develop a presentation, and related tools, for community directors to give employers to help them plan for the sustainability of their health promotion programs. • Collaborated with COTR on a manuscript describing a conceptual model for planning for program sustainability. <p>Systems preparation:</p> <ul style="list-style-type: none"> • Programmed the web-based employer engagement survey so it will be ready to field shortly after the employer selection process. • We worked with Viridian Health Management on the content and lay-out of the employer-level process data files. • Submitted a vulnerability scan of RTI's IT system to CDC.

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Workplace Health
3. Award Title:	Worksite Wellness Initiative
4. Recipient Name:	Carter Consulting, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$374,892.16
8. Award Number:	200-2009-28537-0061-00001
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>The National Center for Chronic Disease Prevention and Health Promotion has the responsibility of implementing the Worksite Wellness Initiative. This activity is designed to support the Comprehensive Workplace Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Employee Population program. It is designed to support the establishment of a core workplace health program in both small and large worksites. This task order provides support to that program in health communications, project management and performance, and technical assistance for the employers participating in the program around assessment, planning, implementation, and evaluation of their workplace health programs as well as capturing and sharing critical success factors and lessons learned from their experiences. Our staff have performed a variety of tasks to help meet this need including: summarizing guidance and developing tools/resources for employers; developing education and communication materials to share findings and recommendations; developing, testing, and presenting materials in a variety of formats for technical and lay audiences; utilized audience segmentation and research to select appropriate communication channels and messages to communicate to employers regarding workplace health promotion; develop program success stories; applying relevant social marketing practices, health education models and mass communication theories related to worker safety and health; conducted audience research, collecting feedback from program participants, monitoring communication channel use and participant demand for materials and publication; collected information for problem analysis development to assist in creating appropriate health communication messages. Additionally, our staff have developed, analyzed, and evaluated modified program/management policies and procedures, goals and objectives; developed project related timelines, trend and cost-benefit analysis and performance measures to assist management in gauging overall project success; organized, coordinated and managed regular communications; served as liaisons for worksite wellness to both internal and external audiences in a variety of formats; reported results of program evaluation activities to stakeholders and identified and developed new collaborative opportunities for linking with other ongoing programs and activities internally and externally.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Workplace Health
3. Award Title:	NCCDPPH/OD CDC Worksite HealthScoreCard (HSC) Web Application
4. Recipient Name:	Northrop Grumman Systems Corporation
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$388,940.00
8. Award Number:	200-2010-37217-0018-0010
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>Conducted project kickoff with technical team by reviewing statement of work and met with CDC stakeholders to understand project requirements. Created initial and draft versions of the following: business and functional requirements, use cases, data requirements, and high level functional flow diagrams. Conducted alternatives analysis and made recommendations to project team for technical strategy. Project Charter document was drafted, reviewed and approved by the CDC business owner. Created sprint schedule through completion of the project. Conduct sprint review and planning meetings every three weeks to review accomplishments and plan for the upcoming sprint. Conduct team stand up meetings three times a week to review status and progress made with project team. Conducted EPLC Stage Gate A, B, and C with critical partners. Conduct weekly meetings with CDC stakeholders to refine project functional, data and technical requirements. Determined technical strategy, validated with CDC business owner, and began integrating the tool into the NCCDPPH environment. Draft detailed business, functional, and data requirements and prototype screens have been created for the Registration, Public Login, Administrator Login, and Lost Credentials modules and validated with the CDC work group. Created logical data model. Created entity relationship diagram (ERD) and defined database structure. Created initial connections to database for use throughout the application. Created sample survey/scorecard using the survey tool and integrating with the CDC template.</p>

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Workplace Health
3. Award Title:	Comprehensive Workplace Health Programs to Address Physical Activity, Nutrition, and Tobacco Use in the Employee Population
4. Recipient Name:	Viridian Health Management
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$774,750.00
8. Award Number:	200-2011-42034-00003
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>PPHF 2012 funding supported a contract modification of Viridian's existing implementation contract to add an additional community to the seven existing National Healthy Worksite Program (NHWP) community sites. The additional community sites and participating employers are involved in all the same activities outlined in contract #200-2011-42034 with no other changes to the overall program goals, objectives, and deliverables. The contract modification was awarded 8/1/2012 in the amount of \$774,750.00. During the June 2012 – December 2012 reporting period Viridian invoiced \$159,505.00 based on completing of the following tasks as outlined in the contract:</p> <p>Regular Communications. Viridian led weekly conference calls with CDC program stakeholders to review key deliverables, discuss program progress, and provide a detailed review of each project functional area (communications, data and reporting, etc.). Viridian also continued to lead weekly or bi-weekly subcommittee meetings devoted to discussing and delivering key components of the program.</p> <p>Identify, Select, and Recruit Employer Community Sites to Participate in the National Network. Viridian and CDC developed a methodology for prioritizing and selecting the initial group of seven community sites to participate in the National Healthy Worksite Program. Philadelphia County, PA was selected as the eighth NHWP community site based on applying the original community selection criteria, which was an objective scoring methodology based on the county's health ranking compared to state averages and the presence of community resources to support program sustainability. Viridian hired a Community Director in Philadelphia County as well as a local Health Coach to create linkages with community stakeholders and complete employer recruitment. Viridian recruited 20 certified employers from different employer sizes and industry sectors who are eligible to participate in the NHWP program.</p> <p>Provide technical assistance to employers. Viridian provided ongoing training and technical assistance through community-based training events and communication of national training and technical assistance opportunities.</p> <p>Participate in Activities to Support the National Network. Viridian established a robust group of worksite health stakeholders including public health, the Philadelphia Coalition on Health, brokers, and other stakeholders to create a community coalition specifically to expand and scale comprehensive worksite health programs. The coalition was formed and held their initial meeting in December, 2012. A community page was added to the NHWP program website at (www.cdc.gov/nhwp) for Philadelphia County was established that includes county health statistics, program contact information, community resources</p> <p>Contract Management. Viridian documented all success drivers and barriers of interest to the national evaluation. Viridian provided program progress updates in monthly and year-end progress reports.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Colorado State Department of Public Health and Environment
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$215,160.00
8. Award Number:	1U58DP004084-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>PPHF funding will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program. Colorado will be amending provider contracts with the following eight existing screening provision contractors (SPCs) to expand capacity to screen more than 600 additional underserved women:</p> <ul style="list-style-type: none"> • Exempla St. Joseph Community Clinics (\$34,038; 105 additional women) • Plains Medical Center (\$8,075; 25 additional women) • Salud Family Health Centers (\$11,628; 36 additional women) • Spanish Peaks Regional Health Center (\$17,765; 55 additional women) • Sunrise Community Health Center (\$99,484; 308 additional women) • Uncompahgre Medical Center (\$9,690; 30 additional women) • Weld County Department of Public Health and Environment (\$16,150; 50 additional women) • Yuma District Hospital (\$6,460; 20 additional women) <p>SPCs will provide direct services for breast and cervical cancer screening, diagnostic evaluation, and referrals to treatment. Amended SPC contracts are planned to begin in January or February 2013.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Ohio State Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$325,853.00
8. Award Number:	1U58DP004090-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>The Ohio BCCP is on track to provide high-quality breast and cervical cancer screening and diagnostic services to approximately 1,510 women at an average cost per woman of \$200.00, using PPHF monies. As of 1/3/13 approximately 495 Ohio women have been served with these funds (32.8 percent). Enrollment, tracking and case management occur in each of BCCP's eleven Regional Enrollment Agencies (REAs). REAs do not reimburse providers for services. This is done by United Group Programs, BCCP's third party administrator (TPA). Therefore all PPHF funds were invoiced to United Group programs: \$301,967 for screening and \$23,886 for the TPA administrative fee. The TPA reimburses providers for BCCP clinical services and ensures that bill reimbursement is timely and accurate. The TPA provides Screening Funds Accounting Reports (SFAR) on a weekly basis to enable BCCP to monitor screening expenditure per region. Reimbursement from each funding source is accounted for separately. The TPA also provides data to assist in the evaluation of clinical costs.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	United Group Programs, Inc.
2. Subaward Date:	10/04/12
3. Subaward Number:	1U58DP004090-01
4. PPHF Funding Amount:	\$301,967.00
5. Subaward Purpose:	The purpose of the sub award is to provide a screening funds from which BCCP providers are reimbursed for CDC-approved services to BCCP clients. As of 1/3/13, \$98,938.02 of these funds have been used to reimburse providers.

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]

1. Subaward Recipient Name:	United Group Programs, Inc.
2. Subaward Date:	10/04/12
3. Subaward Number:	1U58DP004090-01
4. PPHF Funding Amount:	\$23,886.00
5. Subaward Purpose:	These funds represent the administrative fee charged by UGP for the administration of \$301,967 in screening funds. Their administrative fee is .791 percent of funds administered. An administrative fee of \$7,826 was invoiced to ODH on 1/3/13, but has not yet been paid. The amount of the invoice reflected the fee for administration of \$98,938 in PPHF screening funds.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from Federal Fiscal Year 2012 Prevention and Public Health Funds, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of each reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov. CDC encourages recipients to submit reports as soon as they are complete.

Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Breast and Cervical Cancer Screening
3. Award Title:	Opportunities for States, Tribes, and Territories
4. Recipient Name:	Iowa State Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$184,117.00
8. Award Number:	1U58DP004095-01
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.744
11. Summary of Activities:	<p>Prevention and Public Health Fund dollars will increase the number of women screened for breast and cervical cancer by providing high quality screening, follow-up, tracking, and patient navigation support services to low-income, uninsured and under-insured women in conjunction with the existing CDC National Breast and Cervical Cancer Early Detection (NBCCEDP) program.</p> <p>This project will implement actions to increase the number of women screened for breast and cervical cancer across the State of Iowa. Actions will include increasing capacity for serving additional women in existing contracts with local boards of health across the state. Services to be delivered include outreach to eligible women, case management encompassing referral for direct services for breast and cervical cancer screening, diagnostic evaluation, and treatment, as necessary, and data collection and reporting. Through those contracts, experienced coordinators will provide patient navigation, tracking and support services to promote screening and ensure clients receive high-quality services and follow-up. A third-party claim processing and reimbursement provider will be used to provide payment to direct service providers across the state for their screening and diagnostic work.</p>

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	The Young Men's Christian Association of Wichita, KS
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$2,461,198.00
8. Award Number:	1H75DP004146-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	After completing the revision process for the CTI Plans (November 2012) and then a final approval (December 27, 2013), we have begun meeting with all partners and contractors involved to set timelines, establish short term outcomes and regular weekly meetings have been established as well as reporting expectations.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	City of Wichita
2. Subaward Date:	01/03/13
3. Subaward Number:	1H75DP004146-01
4. PPHF Funding Amount:	\$700,220.00
5. Subaward Purpose:	No funds have been awarded to this Subaward Recipient as of the report date due to late approval of grant revisions (Dec. 27, 2012).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Sullivan Higdon & Sink
2. Subaward Date:	01/03/2013
3. Subaward Number:	1H75DP004146-01
4. PPHF Funding Amount:	\$1,178,000.00
5. Subaward Purpose:	No funds have been awarded to this Subaward Recipient as of the report date due to late approval of grant revisions (Dec. 27, 2012).

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Center for Community Support and Research
2. Subaward Date:	01/04/2013
3. Subaward Number:	1H75DP004146-01
4. PPHF Funding Amount:	\$238,065.00
5. Subaward Purpose:	No funds have been awarded to this Subaward Recipient as of the report date due to late approval of grant revisions (Dec. 27, 2012).

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Small Communities
4. Recipient Name:	District of Columbia Department of Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,759,249.00
8. Award Number:	1H75DP004358-01
9. Mechanism / Procurement Type:	Grant
10. CFDA Number:	93.737
11. Summary of Activities:	Since receiving PPHF funds the DC Community Transformation Grant (CTG) program has engaged in various activities to ensure a strong start to the project period. The CTG program has worked closely with CDC to revise and finalized the community transformation implementation plan (CTIP), made all budget revisions, and developed a CTG collaborative that will guide our efforts in implementing the grant. The CTG program has also began work on some infrastructure components that will support the continued implementation and monitoring of the grant, including the development of a grantee monitoring tool that will allow for greater efficiencies and communication between the program and sub-grantees. The CTG program is leveraging respective chronic disease program initiatives and efforts to address chronic disease surveillance and promotes systems and environmental changes.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Community Transformation Grants
3. Award Title:	Capacity Building and Implementation
4. Recipient Name:	Illinois Department of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$4,781,121.00
8. Award Number:	5U58DP003553-02
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.531
11. Summary of Activities:	<p>Illinois' Community Transformation Grant is called We Choose Health (WCH), a multi-year Illinois Department of Public Health initiative to encourage and support the implementation of proactive health programs that fall under three categories: Healthy Eating and Active Living; Smoke-free Living; and Healthy and Safe Built Environment. There are 21 subawardees, covering 60 counties and impacting over 3 million people. \$3.8 million goes directly to communities to implement programs that address nutrition and access to healthier foods, to increase physical activity and to promote breastfeeding; to reduce exposure to secondhand smoke in multi-unit housing complexes and outdoor places; to improve the quality of screening and treatment for high blood pressure and cholesterol; to improve communities' built environments to increase opportunities for physical activity; and to improve the social and emotional health of students. Strategies are targeted toward serving residents in rural counties and racial and ethnic minority groups in urban areas to reduce health disparities.</p> <p>Key accomplishments for year one of We Choose Health include the following; key staff was hired, a public health educator, accountant and evaluator; Created website, Facebook and Twitter page; Leadership Team convened four meetings to provide subject matter expertise and guidance; Workgroups with over 100 members have met four times working to build peer networks to provide guidance to communities implementing WCH interventions; Posted competitive request for application for subawardees, reviewed and identified subawardees, developed work plans and funding agreements; Technical assistance providers for Baby Friendly Hospitals, Coordinated School Health, and Built Environment have been identified; Evaluator was identified and is actively engaged in the implementation of all strategies; Completed first Action Institute for subawardees providing important training and orientation on the implementation of the WCH Initiative; And have presented the WCH Initiative to a variety of stakeholders such as: public health professionals, migrant outreach workers, emergency preparedness stakeholders, minority community leaders, Governor's Office, rural health professionals, community organization leaders and State Health Improvement Plan Implementation Coordination Council.</p> <p>The Leadership Team and the staff are working to develop a sustainability plan for all of the WCH interventions. All of the subawardees were required to develop a sustainability plan, and were required to only implement interventions that would be able to continue beyond the grant funding period. In addition, the We Choose Health Leadership Team is working collaboratively with the State Health Improvement Plan Implementation Coordination Council to build infrastructure that support the sustainability of the specific work in all strategic areas.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Hektoen Institute for Medical Research, LLC
2. Subaward Date:	06/01/2012
3. Subaward Number:	5U58DP003553-02
4. PPHF Funding Amount:	\$655,048.00
5. Subaward Purpose:	Implement Health Hearts Initiative to improve health in communities by working with federally qualified health centers to implement the quality improvement dashboard tool so clinicians and patients can work together to better treat and manage high blood pressure and cholesterol. This project will integrate the use of electronic medical records and population health data to get a full picture of the health in communities. The Department will develop a framework for data that will provide for scalability of datasets, infrastructure, and relationships that will provide a structured way to capture, organize, and link datasets from various sources through appropriate relationships between databases. Institute and monitor aggregate quality measures at provider and systems level using a quality improvement dashboard tool.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Environmental Public Health Tracking
3. Award Title:	University of Medicine and Dentistry in New Jersey
4. Recipient Name:	University of Medicine and Dentistry in New Jersey - Robert Wood Johnson Medical School
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$307,156.00
8. Award Number:	200-2010-37441-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	<p>As an Academic Partner for Excellence in the Environmental Public Health Tracking program, the UMDNJ research team, led by Dr. Daniel Wartenberg, began a study of the possible association between exposure to components of PM2.5 air pollution and birth outcomes. This is a continuation of prior research we conducted for EPHT. The prior work considered total PM2.5 mass. The current work considers the individual components that make up PM2.5 – such as elemental carbon, organic carbon, nitrates, sulfates, ammonium, and trace metals.</p> <p>A work plan for this linkage study was developed, including timelines and deliverables. This plan was shared with our CDC project liaison, Heather Strosnider, and met with her approval. As per the work plan, further work performed during this reporting period focused on 1) performing a literature review, and 2) identifying the data needed to meet the goals of the project.</p> <p>A review of published literature on the association between PM2.5 components and birth outcomes was conducted - articles were collected, critically evaluated, and summarized. As well as bringing us up-to-date on available studies, this task also helped us identify available speciated PM2.5 databases that we may be able to use.</p> <p>In addition to identifying databases from the literature, we had discussions with air pollution experts who had worked with speciated data, including Dr. Barbara Turpin of Rutgers University, Dr. Valeria Garcia, chief of the EPA's Atmospheric Modeling and Analysis Division, and epidemiologist Dr. Evelyn Talbott of the Univ. of Pittsburgh.</p> <p>Based on these interactions, we identified two PM2.5 speciated data sources for our research: 1) the CMAQ modeled data developed by Christian Hogrefe of the EPA, and 2) the air monitoring data from EPA's AirData website. We obtained the air monitoring data and made arrangements to procure the CMAQ modeled data.</p> <p>We began assessing which birth outcomes to use as health endpoints and where to obtain the birth outcome data. The likely sources of data are the National Center for Health Statistics Vital Statistics and individual state birth registries. We identified which states to collaborate with and have begun to contact them to discuss their participation in this applied research.</p> <p>The research team conducts weekly conference calls to provide status reports, plan upcoming work, and help resolve issues that come up.</p> <p>In addition to supporting much of the work described above, Dr. Edward Fitzgerald of the Univ. of Albany, SUNY, also led discussions with the EPA on the availability of modeled PM2.5 speciated data sets and procured the CMAQ modeled database. He also continues to provide assistance to the New York state EPHT program.</p> <p>Project personnel also gave a presentation on our EPHT work at the EPHT workshop on August 26 as part of the Int. Society of Environmental Epidemiology annual meeting in Columbia, South Carolina.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	University of Southern Maine
2. Subaward Date:	8/1/2012
3. Subaward Number:	200-2010-37441-00005
4. PPHF Funding Amount:	\$68,824.00
5. Subaward Purpose:	<p>Dr. Thompson has collaborated with Dr. Wartenberg on all phases of the University of Medicine and Dentistry of New Jersey's funded project as an Academic Partner for Excellence in Environmental Public Health Tracking over the six-month period 7/1/12 to 12/31/12.</p> <p>Dr. Thompson has worked with Dr. Wartenberg on reviewing previous work done by our team and other researchers on the association between total PM2.5 and the occurrence of low birth weight and pre-term delivery with an eye toward how that work can best inform a new series of expanded studies in which the individual species within PM2.5 will be examined in terms of their independent and interacting effects on these reproductive outcomes. He has collaborated with Dr. Wartenberg on assessing the availability of birth data and potential confounding factors at various levels of aggregation and in specific geographic regions of the United States. He has also contributed to the development of a plan for engaging EPHT partners with whom we have worked in the past on studies of total PM2.5 and for reaching out to additional EPHT grantees with whom we have not yet had an opportunity to work closely.</p> <p>Dr. Thompson has also worked with Dr. Wartenberg over this period on assessing the availability and quality of various datasets that quantify the individual constituents of PM2.5. These datasets include those that provide measurements from individual monitors and those that apply complex modeling techniques in order to obtain exposure surfaces covering large geographic areas.</p> <p>Since Dr. Thompson works within the public university system in Maine and has long-standing professional relationships with the staff at the state's Environmental and Occupational Health Program, he has been active in collaborating with the Maine EPHT group in aspects of their statewide tracking activities. Specifically, he has worked during this period on an assessment of the relationship between the presence of carbon monoxide monitors in the home and the incidence of morbidity related to carbon monoxide poisoning.</p>

FY 2012 CDC ACA PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information

1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Prevention Research Centers
3. Award Title:	Health Promotion and Disease Prevention Research Centers
4. Recipient Name:	Harvard University - School of Public Health
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$720,000.00
8. Award Number:	5U48DP001946-04
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	83.542
11. Summary of Activities:	<p>The Prevention Research Centers Program is funded to (1) establish, maintain, and operate academic-based centers for high-quality research and demonstration with respect to health promotion and disease prevention; (2) to establish linkages, where applicable, between ongoing, basic research in a wide array of fields and applied research in disease prevention and health promotion; (3) to bring the knowledge and expertise of academic health centers to bear on practical public health problems; (4) to field test and rigorously evaluate more cost-effective methods and strategies for preventing unnecessary illness and promoting good health; (5) to shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application; and 6) to involve the community in the development, conduct, and implementation of prevention research.</p> <p>The Harvard University Prevention Research Center on Nutrition and Physical Activity established multidisciplinary teams to work with the community, state and local health departments to train the public health workforce and seek environmental and systems-wide solutions and strategies to address public health problems. In addition, the PRC develops and disseminates evidence-based intervention strategies and promising practices for a variety of stakeholders. The percentage of children in Boston, Massachusetts, who are obese is greater than the percentage of obese children in the state or the nation. Researchers at the Harvard University Prevention Research Center have developed an intervention to help programs that care for children outside of school improve nutrition and physical activity environments, policies, and practices. The intervention is designed to identify and support sustainable policy and environmental strategies that promote increased access to healthy snacks and opportunities for physical activity that can be used in a variety of out of school settings.</p>

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [app. es to any sub-contract with a value of \$25,000 or more, and ALL sub-grants (no minimum threshold for sub-grants)]

1. Subaward Recipient Name:	University of New England
2. Subaward Date:	9/30/2012
3. Subaward Number:	5U48DP001946-04
4. PPHF Funding Amount:	\$67,800.00
5. Subaward Purpose:	<p>The Maine Prevention Research Center (MPRC) was inaugurated in October 2000 at the request of the Maine Center for Disease Control & Prevention (MCDC). The goal of the Maine Prevention Research Center is to increase physical activity, improve nutrition and reduce overweight and obesity in Maine.</p> <p>The MPRC is a unique partnership between the MCDC, the Harvard School of Public Health Prevention Research Center (HSPHPRC), and the University of New England Center for Community and Public Health (LINE). MCDC provides statewide leadership on obesity prevention, guidance on statewide priorities, and links to other state activities. HSPHPRC provides scientific and research expertise, technical assistance, and mentorship to researchers. UNE provides the fiscal and organizational home to Maine PRC, coordinates research and dissemination, and enables access to student research assistants. MPRC funding has come from the federal CDC through a subcontract with the HSPHPRC and from Maine CDC. In addition, the MPRC has been awarded multiple grants and contracts from private organizations and foundations. A statewide Steering Committee has met on a quarterly basis since 2000, with consistent representation from a variety of governmental and statewide organizations focusing on nutrition, physical activity, and obesity. The Steering Committee has articulated a series of 3-year strategic plans framing MPRC activities.</p> <p>Using the ecological model in working with community and state partners to translate and disseminate evidence-based practice, conduct research, and evaluate policy and other interventions, MPRC efforts focus on reducing disparities and working to develop and improve collaborations that will lead to systems and policy changes. MPRC sponsors annual statewide conferences disseminating research to launch environmental and policy change initiatives, provides scientific background and educational assistance on a variety of legislative bills to address obesity, and issues a monthly list-serve with news and research articles with implications for Maine policy and practice. With the Maine Nutrition Network and school partners, MPRC developed, evaluated, and disseminates a school physical activity program, Take Time! now in dozens of schools across the state. MPRC worked with Healthy Maine Partnerships across the state to assess and improve local childhood nutrition and physical activity practices and policies; assessed the strength and extent of Maine's School Wellness policies; and completed and published research on Maine high school junk food and beverage marketing environments. Continued research collaborations with the HSPHPRC include follow-up on the Maine Youth Overweight Collaborative, which engaged thirty primary care practices statewide in a research collaborative to improve prevention, care and outcomes for youth who are overweight and obese, and developing strategies to implement out-of-school initiatives in Maine.</p>

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Tobacco Use Prevention
3. Award Title:	Scientific, Technical & Operational Services for Epidemiology, Surveillance, and Evaluation
4. Recipient Name:	Research Triangle Institute
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$559,400.00
8. Award Number:	200-2011-F-39606-00005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	National Quitline Data Warehouse (NQDW): RTI prepared and submitted the final quarterly Services Survey Data set for 2010-2011 to CDC. RTI participated as part of a panel discussion for the NQDW at the 2012 National Conference on Tobacco or Health. The cessation work consists of 3 sub-tasks: 1) Data Collection and Data Processing, 2) Data Inquiries and White Papers, and 3) Pilot Secret Shopper Study. RTI proposed transitioning from TA's to Data Managers who would be responsible for all aspects of the of the NQDW process. Staffing strategies were updated to an approach where CDC staff members would serve as NQDW Data Managers for some states and RTI staff members would serve as NQDW Data Managers for remaining states. RTI proposed the development and implementation of a new quitline services survey instrument. The Secret Shopper Study subtask was initiated. RTI delivered ARRA/CPPW (2010-2011) data discs for all participating states. RTI worked with CDC to resolve a potential issue with LA quitline services survey data from 2010-2011. The CDC conducted a secure FTP site training with CDC/DASS staff to show states how to access the FTP site and retrieve state data. RTI received an ad hoc request to provide CDC with updated information on the hours of operation for state quitlines.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	Biostatistics, Inc.
2. Subaward Date:	08/01/2011
3. Subaward Number:	200-2011-F-39606-00005
4. PPHF Funding Amount:	\$94,633.00
5. Subaward Purpose:	Biostatistics, Inc. provides biostatistical services, epidemiologic modeling, and manuscript preparation.

FY 2012 CDC ACA/PPHF Contract Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	Know More Hepatitis National Education Campaign
4. Recipient Name:	CMGRP, Inc.
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$1,263,356.00
8. Award Number:	200-2007-20025-0005
9. Mechanism / Procurement Type:	Contract
10. Summary of Activities:	During the reporting period, Weber Shandwick, began the first phases of a hepatitis B public education campaign targeted at Asian American & Pacific Islanders (AAPI). Weber hosted a campaign kickoff meeting with CDC and subcontracting partner IW Group on September 19 to review and discuss campaign goals, research objectives and planning for campaign execution. Following this meeting, Weber worked with subcontracting partner IW Group to develop a comprehensive communications plan, including proposed key messages, target audiences, potential partner organizations and a high-level timeline and list of deliverables for the campaign. Working closely with CDC and subcontracting partner IW Group, Weber created an inventory of materials to be submitted for the hepatitis B campaign clearance package and began development of creative materials, including digital buttons & badges, an educational infographic and other materials to be distributed in conjunction with Hepatitis Awareness Month. During the reporting period, Weber Shandwick managed all facets of account management, including creation and maintenance of agendas, timelines and a campaign budget, as well as participation in weekly check-in calls with CDC & IW Group. During this reporting period, Weber Shandwick also continued work on the Know More Hepatitis campaign, focused on hepatitis C, and completed a new animated PSA on the importance of getting tested for hepatitis C.

[Copy and paste additional sub-recipient sections as necessary.]

Subaward Information [applies to any sub contract with a value of \$25,000 or more, and ALL sub grants (no minimum threshold for sub grants).]	
1. Subaward Recipient Name:	IW Group
2. Subaward Date:	08/23/2012
3. Subaward Number:	200-2007-20025-005
4. PPHF Funding Amount:	\$180,824.05
5. Subaward Purpose:	During the reporting period IW group compiled extensive market research on the target Asian American & Pacific Islander (AAPI) audience and presented these insights during a hepatitis B campaign kickoff meeting on September 19. Following the campaign kickoff meeting, IW Group worked closely with CDC and Weber Shandwick in the development of a campaign communications plan, including providing guidance on cultural messaging for the target audience and in-language resources to be developed. IW Group also began development of campaign creative materials, including in-language posters and fact sheets, and translated various campaign materials, including fact sheets and a one-page print version of the Hepatitis Risk Assessment, into other languages including simplified and traditional Chinese. Throughout the reporting period, IW Group also developed a timeline for the roll-out of the campaign, provided strategic counsel on cultural appropriateness of English-language creative materials, such as digital buttons & badges and an infographic targeted to the AAPI population, and coordinated with CDC and Weber Shandwick to compile materials for the hepatitis B clearance package.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	National Education Provider
4. Recipient Name:	University of Washington
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$250,000.00
8. Award Number:	3U54PS001217-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.740
11. Summary of Activities:	<p>Administrative Activities:</p> <ul style="list-style-type: none"> Recruited and hired a formal curriculum and informatics manager (Kenton Unruh, PhD). Dr. Unruh has extensive experience with educational design, web design, informatics, project management, and Hepatitis C Telehealth (University of Washington Project ECHO). Established an initial collaborative agreement with David Hachey and the Pocatello family residency program for a pilot project testing the use of Module 1 (Testing and Diagnosis of Hepatitis C) as the primary training tool for approximately 25 physicians who will initiate 1945-1965 birth cohort hepatitis C testing. This project will also utilize collaboration with the University of Washington Hepatitis C Project ECHO for support for clinical care of clients identified with chronic hepatitis C via the birth cohort testing project. Established a working relationship between the University of Washington and the International Antiviral Society USA. This effort will allow for shared content creation which will benefit both partners. Established module-specific project leaders with expertise related to the specific content in each of the 6 modules. <p>Curriculum Design:</p> <ul style="list-style-type: none"> Extensive work on the curriculum learning platform has continued and multiple enhancements to the curriculum web site have been executed as follows: Modified site architecture serving dual functions: (1) Provide a step-by-step sequential modular curriculum, and (2) Provide a highly organized system of access to all on-site material on for browsing, with review of previously covered materials, and as an online resource for topics and materials via web searches (Google, Yahoo, etc). Developed full-screen enhancements to provide a more reader and user-friendly viewing environment. Created a Core Concept Lesson PDF converter allowing users to create lesson-based PDFs. The PDF download option includes a "share" functionality. Updated and modified the Power Point Slide player for an improved user experience. <p>Content Development and Upload to Demonstration Web Site:</p> <ul style="list-style-type: none"> Completed and uploaded Core Concepts for Lessons 1, 2, 4, and 5 for Module 1 (Testing and Diagnosis) to site. Completed and uploaded figures for Core Concepts Lessons 1, 2, 4, and 5 for Module 1 (Testing and Diagnosis) to site. Generated lesson activities for Lessons 1, 2, and 5. Completed and uploaded quizzes for Lessons 1, 2, 4, and 5 for Module 1 (Testing and Diagnosis) to site. Completed and uploaded bibliography with links for Lessons 1, 2, 4, and 5 in Module 1. Completed Core Concepts Drafts for Lessons 1, 2, 6 for Module 2. Completed the initial phase of identifying and uploading approximately 150 hepatitis C references with URLs. Expanded the visual glossary with approximately 15 additional entries.

FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template

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Report Information	
1. Agency:	Centers for Disease Control and Prevention
2. PPHF Program:	Viral Hepatitis
3. Award Title:	National Education Provider
4. Recipient Name:	University at Alabama - Birmingham
5. Reporting Period:	7/2012 - 12/2012
6. PPHF Fiscal Year Allocation:	FY 2012
7. PPHF Funding Amount:	\$107,000.00
8. Award Number:	3U54PS001251-05W1
9. Mechanism / Procurement Type:	Cooperative Agreement
10. CFDA Number:	93.740
11. Summary of Activities:	The set of core competencies and objectives that were produced prior to this reporting period has served as a framework for the development of a multi-module undergraduate, graduate and continuing medical education curriculum on the prevention, diagnosis and management of viral hepatitis (VH). Unexpected staffing changes in the early part of the reporting period delayed the development of the curriculum, however, with the staffing issues resolved, the project is back on track. The training modules have been developed and are currently under review by a panel of three UAB School of Medicine Physicians--Dr. Craig Hoesley, Associate Dean for Undergraduate Medical Education, Dr. Edward Hook, III, Chief of Division of Infectious Diseases, and Dr. Brendan MacGuire, Professor at the UAB Liver Center. As the panel reviewed the modules for clarity, comprehensiveness and medical/scientific accuracy, the PI has been meeting with an instructional design specialist to review both the format and modality of delivery for the the curricula, considering common practices in medical school and continuing professional education and published studies on effective learning platforms.